

STATE OF ALABAMA  
DEPARTMENT OF MENTAL HEALTH

RSA UNION BUILDING  
100 N. UNION STREET  
POST OFFICE BOX 301410  
MONTGOMERY, ALABAMA 36130-1410  
[www.mh.alabama.gov](http://www.mh.alabama.gov)

August 12, 2020

RFP #2021-12

Dear Vendor:

The Alabama Department of Mental Health (ADMH) is soliciting proposals for **training and technical assistance of collaborative** DDD provider agencies selected to provide services in a new Medicaid Community Waiver Program. Request for Proposals (RFP) will be accepted until **12:00 pm on Wednesday, September 16, 2020.**

The submission of a proposal does not guarantee the award of a contract. Any contract resulting from the proposal is not effective until it has received all required governmental approvals and signatures. In addition, the selected vendor shall not begin performing work under this contract until notified to do so by the departmental contracting agent. When submitting a proposal, please read the entire RFP document and return your proposal in the requested format. All proposals should be submitted in ink or typed and contain an original signature.

Submissions should be delivered to:

AL Department of Mental Health  
Office of Contracts & Purchasing  
100 North Union Street, Suite 570  
Montgomery, AL 36104

**MAILING NOTE:** Proposals may be sent via Regular US Postal Service (USPS) Mail, Express/Overnight USPS Mail, commercial delivery service such as FedEx or UPS, or hand delivered by the closing date and time. Emailed or faxed responses are **not** accepted. Also, please note: All US Postal mail, including express/overnight mail that is dispatched to any State agency is processed thru the State mail facility before it is forwarded to the appropriate State agency, thus delaying its arrival to the department. By using the USPS, you assume the risk of delay that may result in your proposal being received late and therefore being determined to be untimely and will not be reviewed. Postmarks of the date mailed are insufficient; the proposal must **physically** be received at the listed office by the date and time specified regardless of the delivery service used. **All proposals received after the deadline will be deemed untimely and will not be reviewed.**

Sincerely,

*Cedric Harrison*

Cedric Harrison, Purchasing Director  
Office of Contracts & Purchasing

**Organization:** ALABAMA DEPARTMENT OF MENTAL HEALTH (ADMH)

**RFP Closing Time & Date:** **Wednesday, September 16, 2020 at 12:00 pm**  
**Review the mailing note.**

**RFP Contact Info:** Leola Rogers  
ADMH  
Office of Contracts & Purchasing  
RSA Union Building  
100 North Union Street, Suite 570  
Montgomery, AL 36104  
Telephone Number (334) 353-7440  
Email: [leola.rogers@mh.alabama.gov](mailto:leola.rogers@mh.alabama.gov)

**MAILING NOTE:**

Proposals may be sent via Regular US Postal Service (USPS) Mail, Express/Overnight USPS Mail, commercial delivery service such as FedEx or UPS, or hand delivered by the closing date and time. Emailed or faxed responses are **not** accepted. Also, please note: All US Postal mail, including express/overnight mail that is dispatched to any State agency is processed thru the State mail facility before it is forwarded to the appropriate State agency, thus delaying its arrival to the department. By using the USPS, you assume the risk of delay that may result in your proposal being received late and therefore being determined to be untimely and will not be reviewed. Postmarks of the date mailed are insufficient; the proposal must **physically** be received at the listed office by the date and time specified regardless of the delivery service used. **All proposals received after the deadline will be deemed untimely and will not be reviewed.**

**ADDITIONAL INFORMATION**

1. Who **may** respond to this RFP?

Eligible entities may include non-governmental public or private organizations who: 1) are legally authorized to conduct business within the State of Alabama; 2) possess a high degree of professional capacity, experience and skill in the area of service described in this RFP to include: ten (10) years of organizational experience in the development and delivery of training and technical assistance for providers of direct services to individuals with disabilities; 3) experience recruiting, bringing together and effectively coordinating and subcontracting with teams of national subject matter experts and other providers of online and in-person training and technical assistance to meet unique customer needs and goals; and, 5) meet the terms and conditions of the RFP. In addition, applicants must demonstrate the ability to manage Department funds in accordance with Federal and State regulations and guidelines.

2. Who **may not** respond to this RFP?

Employees of ADMH, current state employees, and other individuals or vendors who do not meet the requirements outlined in 1. above.

3. In order to transact business in the State of Alabama all businesses **domestic** and **foreign** must be registered with the Alabama Secretary of State Office. (**Domestic** means within the State of Alabama. **Foreign** means out-of-state.) **Website:** [www.sos.alabama.gov](http://www.sos.alabama.gov)

4. If contracted with the State of Alabama, all vendors must enroll **and** actively participate in E-Verify.  
**Website:** <https://www.e-verify.gov/>
5. All vendors must register with STAARS Vendor Self Service.  
**Website:** <https://procurement.staars.alabama.gov/webapp/PRDVSS1X1/AltSelfService>
6. The Department of Mental Health reserves the right to reject any and all proposals if RFP instructions are not adhered to, such as: received after deadline (see mailing note), requested # of submissions not received.
7. All subcontracts must be approved by the Associate Commissioner of the Division of Developmental Disabilities.

### **Mission**

Serve • Empower • Support

### **Vision**

Promoting the health and well-being of Alabamians with mental illnesses, developmental disabilities and substance use disorders.

### **Values**

Core values are the basis on which the members of Alabama Department of Mental Health staff make decisions, plan strategy, and interact with each other and those we serve.

- Honesty
- Respect
- Selflessness
- Communication
- Dedication
- Integrity
- Collaboration

The Alabama Department of Mental Health (ADMH), Division of Developmental Disabilities (DDD) is soliciting proposals for the **provision of a training and technical assistance collaborative** to assist DDD provider agencies selected to provide services in a new Medicaid Community Waiver Program.

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## SECTION I

### A. QUALIFICATIONS:

1. Vendor Minimum Qualifications:
  - Vendor shall possess ten (10) years of organizational experience in the development and delivery of training and technical assistance for providers of direct services to individuals with disabilities.
  - Vendor shall possess experience and successful track record in recruiting, bringing together and effectively coordinating and subcontracting with teams of national subject matter experts and other providers of online and in-person training and technical assistance to meet unique customer needs and goals.
  - Vendor shall possess the skills and infrastructure needed to perform the services described in this RFP.

### B. SCOPE OF WORK

The scope of work covered by this RFP shall include:

1. Working closely, via remote technology, with the ADMH/DDD leadership managing the Community Waiver Program and the direct service providers selected for the program (approximately 24 providers located in five service regions/eleven counties to identify specific initial technical assistance and training needs, at each level of the organization, in relation to readiness to effectively provide quality services in the Community Waiver Program, based on the specific services each provider will be contracted to provide and the geographic areas in which they will be providing these services. To learn about the full range of services available in the Community Waiver Program, please see Appendix A of this RFP.
2. Working closely, via remote technology, with the ADMH/DDD leadership managing the Community Waiver Program, and keeping within the available budget, create a Year 1 comprehensive plan to address direct service providers' initial technical assistance and training needs during Year 1 of this initiative. *The available annual, recurring budget for the direct provision of technical assistance and training is subject to revision but is expected to be approximately \$225,000 less the vendor's administrative/coordination costs related to performing the administrative functions of this initiative as described in this Scope of Work.* Ensure cost-effectiveness in the proposed plan by identifying:
  - a. How direct service providers can participate together in receiving certain types of technical assistance and training.
  - b. How high quality on-line and virtual training can be leveraged.
  - c. How train-the-trainer models can be used.
  - d. How peer mentoring can be developed over time among the Alabama-based Community Waiver Program direct service providers.
  - e. How a community of practice may be beneficial for knowledge exchange and capacity-building.
3. Working closely, via remote technology, with the ADMH/DDD leadership managing the Community Waiver Program to implement the Year 1 comprehensive plan which includes:

- a. Identifying technical assistance and training needs to be addressed directly by the vendor's internal subject matter experts.
  - b. Recruiting, bringing together and formally engaging (subcontracting) with other national subject matter experts and other providers of online and in-person training and technical assistance to address all needs identified in the Year 1 comprehensive training and technical assistance plan.
  - c. Assisting the ADMH/DDD Community Waiver Program Provider Network Director to coordinate all involved sources of training and technical assistance and their effective involvement with Community Waiver Program providers during Year 1.
  - d. Assisting the ADMH/DDD Community Waiver Program Provider Network Director to engage providers and sources of training and technical assistance in an evaluation of appropriate scope of the Year 1 comprehensive training and technical assistance initiative to improve the quality and effectiveness of the Year 2 comprehensive plan to continue the training and technical assistance initiative for the Community Waiver Program providers.
4. Working closely, via remote technology, with the ADMH/DDD leadership managing the Community Waiver Program, and keeping within the available budget, create a Year 2 comprehensive plan to address direct service providers' continuing technical assistance and training needs during Year 2 of this initiative. Ensure cost-effectiveness in the proposed plan by identifying:
  - a. How the results of the Year 1 evaluation can be used to improve the quality and effectiveness of the Year 2 comprehensive plan.
  - b. How direct service providers can participate together in receiving certain types of technical assistance and training.
  - c. How high quality on-line and virtual training can be leveraged.
  - d. How train-the-trainer models can be used.
  - e. How peer mentoring can be developed over time among the Alabama-based Community Waiver Program direct service providers.
  - f. How a community of practice may be beneficial for knowledge exchange and capacity-building.
5. Working closely, via remote technology, with the ADMH/DDD leadership managing the Community Waiver Program to implement the Year 2 comprehensive plan which includes:
  - a. Identifying technical assistance and training needs to be addressed directly by the vendor's internal subject matter experts.
  - b. Recruiting, bringing together and formally engaging (subcontracting) with other national subject matter experts and other providers of online and in-person training and technical assistance to address all needs identified in the Year 2 comprehensive training and technical assistance plan.
  - c. Assisting the ADMH/DDD Community Waiver Program Provider Network Director to coordinate all involved sources of training and technical assistance and their effective involvement with Community Waiver Program providers during Year 2.
  - d. Assisting the ADMH/DDD Community Waiver Program Provider Network Director to engage providers and sources of training and technical assistance in an evaluation of appropriate scope of the Year 2 comprehensive training and technical assistance initiative to improve the quality and effectiveness of future plans to continue the training and technical assistance initiative for the Community Waiver Program providers.

## SECTION II

### A. Proposal Content

**Instructions must be followed or responses will not be graded.**

Each proposal is to contain specific responses to each of the following requests and respondents are encouraged to respond fully to each inquiry, but to be as concise as possible. Submit the response to each item with the item reproduced at the top of the page(s) of the response.

1. Submit a cover letter summarizing your proposal. Limit the cover letter to no more than one page.
2. Attach the Vendor Contact Page.
3. A Table of Contents of the submitted information.
4. Attach vendor information to include:
  - a. Documentation of vendor's current qualifications including how the vendor meets the minimum qualifications described in this RFP.
5. Details on the leadership of the vendor including, as applicable, the board of directors, owners, and operational leadership team.
  - a. Attach resumes of key staff.
6. Description of the vendor's financial position,
  - a. Attach most recently completed audited financial statements).
  - b. Vendors experience managing state and/or federal funds.
7. Description of knowledge and previous experience relevant to the Scope of Work described in this RFP, including existing relationships with national subject matter experts and other providers of online and in-person training and technical assistance relevant to the services being offered in the Community Waiver Program and the population served by the Program
8. Include vendor satisfaction surveys and/or letters of recommendation from current and/or former clients and letters of intent/commitment from other subject matter experts and/or other providers of online and in-person training and technical assistance.
9. Proposed Work Plan with timelines.
10. Budget proposal (October 1, 2020 to September 30, 2022) which separates out the vendor's administrative/coordination costs from costs specific to the direct delivery of training and technical assistance to ADMH/DDD and Community Waiver Program providers. Include estimates for reimbursement rates (and travel expense estimates if applicable) for SMEs and other providers.
11. All pages should be numbered consecutively beginning with **number 1** after the cover letter.
12. Submit one (1) signed original, four (4) copies of your entire proposal, and one (1) electronic copy on a USB Flash Drive.
13. Clearly print on the outside of the envelope **RFP 2021-12 DD Training & TA-Collaborative**

Your entire proposal must be received at the following address no later than **12:00 pm on September 16, 2020. Please review the mailing note.**

**Submit RFP Responses To:**

AL Department of Mental Health  
Office of Contracts & Purchasing  
RSA Union Building  
100 N. Union Street, Suite 570  
Montgomery, AL 36104

The Department of Mental Health assumes no responsibility for expenses incurred in the preparation of the proposal and reserves the right to reject any and all proposals. Additionally, ADMH reserves the right to waive irregularities in any proposals and request clarification of any information and negotiate with proposal submitters to secure more favorable conditions.

**B. Evaluation Process**

ADMH will examine each proposal submitted and may elect to conduct interviews with finalists. The department expects a final selection on or before September 30, 2020.

**C. Selection Criteria**

Selection shall be based on factors to be developed by the procuring state entity, which shall include, but not be limited to, the following:

1. Vendor qualifications and experience
2. Relevant expertise, capabilities, technical competence, and/or any experience, training or qualifications that the vendors staff have relevant to the scope of work
3. Quality and efficacy of proposed plan for completing the Scope of Work\
4. Cost effectiveness in terms of the vendor's administrative/coordination costs as a percentage of total costs and estimates for reimbursement rates (and travel expense estimates if applicable) for SMEs and other providers.

**D. Evaluation Criteria**

Proposals will be evaluated based on their responsiveness to the items contained in the content section of this Request for Proposal. It is expected that the review committee will rate responses according to the following ways:

1. Vendor's minimum qualifications and experience, recommendations, satisfaction surveys.	15%
2. Vendor's knowledge and understanding of the services to be provided, capabilities, technical competence, and/or any experience, qualifications/training of vendor's staff and contracted SMEs/other organizations affiliated with the vendor have relevant to the Scope of Work.	30%
3. Quality and efficacy of proposed plan for completing the Scope of Work.	30%
4. Cost-effectiveness effectiveness in terms of the vendor's administrative/coordination costs as a percentage of total costs and estimates for reimbursement rates (and travel expense estimates if applicable) for SMEs and other providers.	25%
<b>Total</b>	<b>100</b>

### SECTION III

#### DATES and DEADLINES

#### RFP 2021-12 Training & TA of Collaborative Providers

Date	Item	Methods
August 12, 2020	RFP Release	USPS, ADMH Website, and STAARs website
August 25, 2020 by 12:00 pm CST	Deadline to submit RFP questions or requests for clarification	Email to <a href="mailto:leola.rogers@mh.alabama.gov">leola.rogers@mh.alabama.gov</a>
August 31, 2020	RFP Q&A to be posted for review	ADMH website <a href="http://www.mh.alabama.gov">www.mh.alabama.gov</a>
September 16, 2020 12:00 pm	RFP Submissions: one (1) signed original, four (4) copies, and one (1) electronic copy on a USB Flash Drive.	USPS or FedEx or UPS (Review mailing note)
September 16, 2020 12:00 pm	RFP Closing Date	USPS or FedEx or UPS (Review mailing note)
September 30, 2020 Approximately	Notification of selection status	USPS (In writing)
<b>Submit RFP Responses To:</b> AL Department of Mental Health Office of Contracts & Purchasing RSA Union Building 100 N. Union Street, Suite 570 Montgomery, AL 36104		



## CONTACT PAGE

RFP 2021-12 Training & TA of Collaborative Providers

Legal Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Agency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

**NOTE:** Attach this page after the cover letter.

## **Appendix A: SERVICE TITLES AND DEFINITIONS**

### **Service Title:                      Personal Assistance-Home**

Enrollment Group(s):              Essential Family Preservation Supports  
   Seamless Transition to Adulthood Supports  
   Family, Career and Community Life Supports  
   1915i Modified Family, Career and Community Life Supports

#### **Definition:**

A range of services and supports designed to assist an individual with a disability to perform, in his/her home, activities of daily living, including instrumental activities of daily living, that the individual would typically do for themselves if they did not have a disability. Personal Assistance-Home services are provided in the person's home and outside the home on the property where the home is located. Participant goals and support needs, as documented in the Person-Centered Plan, shall be addressed by the Personal Assistance-Home provider in a manner that supports and enables the individual to acquire, retain and maximize skills and abilities to achieve the highest level of independence possible.

Personal Assistance-Home may be used to support the person in preparing for competitive integrated employment (i.e. getting ready for work) and in being transported to this employment.

Eligible Personal Assistance-Home services include the following:

- Assistance, support, supervision and partial participation, as appropriate to the individual, with eating, toileting, personal hygiene and grooming, dressing and other activities of daily living or instrumental activities of daily living, as appropriate and needed to sustain community living.
- Supervision at home; cueing and modeling for skills training in the home; meal preparation, homemaker tasks, and home chore services, involving the waiver participant to the greatest extent possible; other instrumental activities of daily living (e.g. assistance with managing finances; home-based support for communication including phone, internet use); and other appropriate activities as described in the participant's Person-Centered Plan.

Services to support goals and needs related to instrumental activities of daily living that occur outside the home (e.g. shopping; banking), competitive integrated employment and community participation, involvement and contribution must also be addressed in the Person-Centered Plan using Personal Assistance-Community, other appropriate services, or available natural supports. Natural supports must be documented in the Person-Centered Plan and confirmed by the Support Coordinator to be available to, and utilized by, the participant for these purposes on an ongoing basis.

**Service Limitations including Limitations on Amount, Duration or Frequency of the Service:**

- This service never replaces natural supports available to the waiver participant but rather augments these natural supports, as needed, to ensure these natural supports can continue to be sustained over time.
- This service shall not supplant or duplicate Personal Care services available through the Alabama Medicaid State Plan for waiver enrollees under age 21.
- This service is not available when another covered service is being provided and the assistance available through Personal Assistance-Home is a component part of this covered service.
- These services are not available to a waiver participant receiving the Family Caregiver Preservation Stipend which is authorized in lieu of Personal Assistance-Home.
- Authorization based on individual assessment results which account for the availability of sustainable natural supports.; 243 hours/month maximum.
- With relevant substantiating documentation and DDD central office approval, a Community Services Director (CSD) may authorize services in excess of the benefit limit for a time-limited period as a cost-effective alternative to institutional placement, other medically necessary covered benefits, or transition to an enrollment group with a higher expenditure cap. Reauthorization for additional periods of time is possible with re-assessment and CSD and DDD central office approval.

**Unit of Service:** 15 minutes

**Unit Rate:** \$5.00

**Minimum Staffing Ratio:** 1:1

**Service Title:                      Personal Assistance-Community**

Enrollment Group(s):            Essential Family Preservation Supports  
   Seamless Transition to Adulthood Supports  
   Family, Career and Community Life Supports  
   Supports to Sustain Community Living

**Definition:**

A range of services and supports designed to assist an individual with a disability to perform, participate fully in his/her community and supports for activities of daily living and instrumental activities of daily living that the individual would typically do for themselves if they did not have a disability and that occur outside the home. Personal Assistance-Community services may be provided outside the person's home, at an integrated workplace where the person is paid a competitive wage, or other places in the broader community to support community participation, involvement and contribution by the person. Personal Assistance-Community services must be provided consistent with the goals/outcomes defined in the Person-Centered Plan and with the over-arching goal of ensuring the individual's full community participation and inclusion.

Participant goals and support needs, as documented in the Person-Centered Plan, shall be addressed by the Personal Assistance-Community provider in a manner that supports and enables the individual to achieve the highest level of independence possible. Personal Assistance-Community may be used to address assistance needs in the workplace and community, if personal care and assistance are the only type of supports an individual needs in these locations. Otherwise, personal care and assistance is included in Supported Employment or Community Integration Connections and Skills Training services and the provider of those services shall be responsible for these needs during the hours that Supported Employment on-the-job supports (i.e. Individual Job Coaching or Small Group supports) or Community Integration Connections and Skills Training services are provided.

Eligible Personal Assistance-Community services include the following:

- As appropriate to the individual need, based on the nature of the community involvement, this service includes assistance with instrumental activities of daily living outside the home, including accompaniment, coaching, and minor problem-solving necessary to achieve and sustain increased independence, competitive integrated employment and inclusion in the community
- Assistance to ensure the individual is always supported to the extent needed to interact with other members of the broader community, including assistance with engaging co-workers and community members participating in the same places and activities.
- Assisting individuals to develop an increased range of positive, reciprocal relationships is a key goal of Personal Assistance-Community.
- With consent of the individual, if natural supports and/or workplace colleagues are willing to provide supports that would otherwise be provided by a Personal Assistance-Community worker, this service involves training on how to provide the specific Personal Assistance services they are

willing to provide.

- As appropriate to the individual need, based on the nature of the community involvement, this service includes assistance, support, supervision and partial participation with eating, toileting, personal hygiene and grooming, and other activities of daily living as appropriate and needed to sustain competitive integrated employment, integrated community participation, involvement and contribution.

**Service Limitations including Limitations on Amount, Duration or Frequency of the Service:**

- Authorization based on individual need after accounting for the availability of sustainable natural supports. This service never replaces natural supports available to the waiver participant but rather augments these natural supports, as needed, to ensure these natural supports can continue to be sustained over time.
- This service shall not supplant or duplicate Personal Care services available through the Alabama Medicaid State Plan for waiver enrollees under age 21.
- Not available to a waiver enrollee enrolled in public school during the hours public school is in session.
- The combination of services the person is eligible to receive that occur outside of the home and in the broader community shall be limited to a combined maximum of 40 hours per week, except in instances where the person is 16+ and employed in competitive integrated employment 20 or more hours per week, in which case the person can receive up to 48 hours per week less any hours the person is working in competitive integrated employment without any waiver services. Expenditure caps also apply. Depending on enrollment group and age, the services the person is eligible to receive that occur outside of the home may include Supported Employment-Individual services, Supported Employment — Small Group, Community Integration Connections and Skills Training, and/or Personal Assistance-Community.
- This service cannot be delivered in a waiver participant's home, family home, or in a provider owned or controlled service setting of any kind.
- These services are available to a waiver participant receiving the Family Caregiver Preservation Stipend, unless enrolled in the 1915i Modified Family, Career and Community Supports enrollment group.
- This service is not available when another covered service is being provided and the assistance available through Personal Assistance-Community is a component part of this covered service.
- Transportation of the person to and from this service is not included in the rate paid for this service. Where staff delivering this service meet a person at his/her home to start the service, transportation of the person *to* this service is not necessary and shall not be separately authorized. Likewise, where staff delivering this service on a given day conclude this service at the person's home, transportation of the person *from* this service is not necessary and shall not be separately authorized.
- Transportation for attending medical appointments is covered under Non-Emergency Medical Transportation and not included in this service.

- With relevant substantiating documentation and DDD central office approval, a Community Services Director (CSD) may authorize services in excess of the benefit limit as a cost-effective alternative to institutional placement, other medically necessary covered benefits, or transition to an enrollment group with a higher expenditure cap. Reauthorization for additional periods of time is possible with re-assessment and CSD and DDD central office approval.

**Unit of Service:** 15 minutes

**Unit Rate:** \$5.25

**Minimum Staffing Ratio:** 1:2

**Maximum Group Size:** 2

**Service Title:                      Community Transportation**

Enrollment Group(s):            Essential Family Preservation Supports  
   Seamless Transition to Adulthood Supports  
   Family, Career and Community Life Supports  
   Supports to Sustain Community Living  
  
   1915i Modified Family, Career and Community Life Supports

**Definition:**

Transportation services offered in order to enable an individual to access the broader community, including competitive integrated workplaces, opportunities for integrated community participation, involvement and contribution, and community services, resources and businesses consistent with the Person-Centered Plan. These services allow people to engage in typical day-to-day (non-medical) integrated community opportunities and activities such as going to and from paid, competitive, integrated employment, stores, bank, social opportunities with other members of the broader community, social events, clubs and associations, other community activities, and attending a worship service when public or other community-based transportation services or transportation provided by natural supports are not available. A natural or paid support-giver may accompany the person using Community Transportation, if the need for such supports are necessary and documented in the Person-Centered Plan.

**Service Limitations including Limitations on Amount, Duration or Frequency of the Service:**

- This service never replaces natural supports available to the waiver participant but rather augments these natural supports, as needed, to ensure these natural supports can continue to be sustained over time.
- Whenever possible, family, neighbors, co-workers, carpools or friends are utilized to provide this assistance without charge, although the service allows for a flat per diem reimbursement in the event/on the occasion such supports are not available.
- For children 21 years and younger, State Plan Services available through EPSDT are utilized prior to expending waiver funds.
- The planning team must ensure the most cost-effective means of transportation is utilized, while still assuring provision of reliable transportation when a waiver participant needs this transportation to access non-medical opportunities in the community.
- Actual costs (based on a flat reimbursement per mile of travel) for this travel must be calculated prior to authorization of the service and must not exceed the established maximum set in policy by DMH/DDD.
- If a stand-alone transportation service provider (e.g., not the agency(s) providing other Waiver services at the destination) is required to provide Community Transportation, due to documented unavailability of other more cost-effective and available transportation resources, they will be reimbursed on a one-way trip basis,

taking into account the need for wheelchair accessibility and whether the service is utilized for employment or integrated community activities.

- With documentation of financial need, this service can reimburse a waiver participant that is age 21 or older for the necessary, reasonable and documented costs of fuel, insurance and/or maintenance, to enable a waiver participant to drive him/herself, the waiver participant holds a valid driver's license and owns their own vehicle, and this is the most cost-effective way to meet the individual's need for community transportation.
- If this service is not self-directed, this service is limited to 250 miles per month, except if used for individualized competitive integrated employment in which case limited to actual miles to/from individualized competitive integrated employment plus 120 miles per month.
- If this service is self-directed, this service is authorized as a monthly budget amount. Only documented transportation costs incurred will be reimbursed by the FMSA. Carry-over of unused amounts is limited to 25% and can be carried over for up to three (3) months.
- These services are available to a waiver participant receiving Structured Family Caregiving but may not duplicate the supports for the waiver participant that are part of the Structured Family Caregiving service.
- This service is not available when another covered service is being provided and transportation to/from and/or during the service is a component part of this covered service.
- Transportation for attending medical appointments is covered under Non-Emergency Medical Transportation and not included in this service. This service is in addition to the medical transportation service offered under the Medicaid State Plan, which shall not be supplanted and which includes transportation to medical appointments as well as emergency medical transportation.
- This service is in addition to the medical transportation service offered under the Medicaid State Plan, which includes transportation to medical appointments as well as emergency medical transportation.
- This service may not be used for transportation between the waiver participant's home and a provider owned or controlled residential or non-residential setting.

**Unit:**                    **1 mile**

**Unit Rate:**           **\$0.68/mile agency volunteer driver**  
                              **\$1.00/mile agency paid driver**



**Service Title: Breaks and Opportunities (Respite)**

Enrollment Group(s): Essential Family Preservation Supports  
Seamless Transition to Adulthood Supports  
Family, Career and Community Life Supports

**Definition:**

A service provided to a waiver participant that lives with family or other natural supports who are providing support, care and supervision to the waiver participant. The Breaks and Opportunities service is provided for time-limited periods when the family or other natural supports are temporarily unable to continue to provide support, care and supervision to the waiver participant. This service can be provided in the waiver participant's home or the pre-approved private home of the Breaks and Opportunities service provider. The Breaks and Opportunities service is provided with two equally important goals which include: (1) sustaining the family/natural support living arrangement and support-giving arrangement; and (2) providing the waiver participant with opportunities to continue his/her regular activities and relationships and/or to explore new opportunities and meet new people with the Breaks and Opportunities service provider.

This service is provided during specific periods of time in a day, week or month when the unpaid family/natural support-givers typically provide support, care and supervision to the waiver participant. This service is provided in a way that ensures the individual's typical routine and activities are not disrupted and the individual's goals and needs, as set forth in the PCP, are attended to without disruption.

**Service Limitations including Limitations on Amount, Duration or Frequency of the Service:**

- For children 21 years and younger, State Plan Services available through EPSDT are utilized prior to expending waiver funds.
- This service shall be limited to 30 days of service per person per calendar year or to 216 hours per person per calendar year, depending on the needs and preferences of the individual as reflected in the Person-Centered Plan. (The 2 limits cannot be combined in a calendar year.)
- This service shall be provided in settings that meet the federal HCBS regulatory standards and which promote community involvement and inclusion. Planned Breaks and Opportunities (Respite) must be provided in the home of the waiver participant or in home of qualified respite DSP. Use of a provider owned or controlled setting is only authorized if the service is not available to individual in-home or in the home of qualified respite DSP. Emergency Respite may be provided in the home of the waiver participant, in home of qualified respite DSP, or in a group home of no more than four (4) beds. Group homes are considered the most restrictive, least integrated setting option for this service.
- This service may be authorized to cover specific periods of time when a primary caregiver who is receiving the Family Caregiver Preservation Stipend is temporarily unable to continue to provide support, care and supervision to the waiver participant.
- This service is typically scheduled in advance, but it can also be provided in an unexpected situation. If the unexpected situation is a crisis, this service is used to allow time and opportunity for assessment, planning and intervention in order to prevent the loss of the family/natural support living arrangement and support-giving arrangement as the first priority. If all efforts and strategies to sustain the family/natural support living arrangement and support-giving arrangement have been exhausted and have proven unsuccessful, this service can be used to

identify and establish an alternative living arrangement for the waiver participant, focusing on the least restrictive, most integrated living arrangement possible while ensuring institutionalization can be avoided.

- The relief needs of paid direct support staff, including staff hired through self-direction, who are not family or natural support-givers will be accommodated by staffing substitutions and/or service delivery schedule adjustments; but not by this service.
- With relevant substantiating documentation and DDD central office approval, a Community Services Director (CSD) may authorize services in excess of the benefit limit, if the benefit limit has been exhausted in a waiver year, as a cost-effective alternative to other medically necessary covered benefits, transition to an enrollment group with a higher expenditure cap, or to avoid institutional placement.

### **Breaks and Opportunities (Planned Respite)**

**Unit: Hour or Day (participant selects one option at beginning of each waiver year)**

**Unit Rate: \$22/hour or \$158/day**

### **Breaks and Opportunities (Emergency Respite)**

**Unit: Day**

**Unit Rate: \$190/day**

## **Service Title: Remote Supports**

Enrollment Group(s): Seamless Transition to Adulthood Supports (ages 18-21)  
Family, Career and Community Life Supports  
Supports to Sustain Community Living (ages 18+)

### **Definition:**

The provision of supports to a waiver participant at their place of residence by Remote Support staff housed at a remote location and who are engaged with the person through equipment with the capability for live, two-way communication. Remote Supports shall be provided in real time, not via a recording, by awake staff at a remote monitoring base using the appropriate stable, reliable connection. While Remote Supports are being provided, the remote support staff shall not have duties other than remote support. Equipment used to meet this requirement may include but is not limited to one or more of the following components:

- Sensor Based System (e.g. motion sensors, doors, windows, personal pagers, smoke detectors, bed sensors etc.)
- Radio frequency identification;
- Live video feed;
- Live audio feed;
- Web-based monitoring system;
- Another device that facilitates live two-way communication;
- Contact ID

Remote Supports are provided pursuant to the Person-Centered Plan (PCP) and required protocol(s) that are developed from, and support implementation of, the PCP. Remote Supports are intended to address a person's assessed needs in his/her residence, and are to be provided in a manner that promotes autonomy and minimizes dependence on paid support staff. Remote Supports should be explored prior to authorizing services that may be more intrusive, including Personal Assistance-Home. A person's team, including the person themselves, shall assess whether Remote Support is appropriate and sufficient to ensure the person's health and welfare assuming all appropriate protocols are in place to minimize risk as compared to the overall benefit of Remote Supports for the individual.

A backup support person is always identified, available and responsible for responding to the site of the person's residence whenever the person otherwise needs in-person assistance, including emergencies. Backup support may be provided on an unpaid basis by a family member, neighbor, friend, or other person selected by the individual, or on a paid basis by a local provider of waiver services. When backup support is provided on a paid basis by a local provider, that provider shall be the primary contact for the Remote Support vendor.

The Remote Support staff shall have detailed and current written protocols for responding to a person's needs as specified in the PCP, including contact information for the backup support person(s) to provide assistance when necessary. The PCP and written protocols shall also set forth the procedures to be followed should the person request that the equipment used for delivery of Remote Support be turned off. When a person needs assistance, but the situation is not an emergency, the Remote Support staff shall address the situation as specified in the individual's Remote Supports written protocol(s). If the protocol involves the Remote Support staff contacting backup support, the backup support person shall verbally acknowledge

receipt of a request for assistance from the Remote Support staff and shall arrive at the person's location within a reasonable amount of time (as specified in the PCP) when a request for in-person assistance is made.

If a known or reported emergency involving a person arises, the Remote Support staff shall immediately assess the situation and call emergency personnel first, if that is deemed necessary, and then contact the backup support person. The Remote Support staff shall stay engaged with the person during an emergency, as appropriate to the situation, until emergency personnel or the backup support person arrives.

The Remote Supports vendor shall provide initial and ongoing training to its staff to ensure they know how to use the monitoring base system and have training on the most recent versions of the written protocols for each person supported. The Remote Supports vendor shall ensure a suitably trained person from their agency, or from another provider agency for the person, provides the person who receives Remote Supports with initial and ongoing training on how to use the remote support system as specified in the PCP.

The Remote Supports vendor shall have a backup power system (such as battery power and/or generator) in place at the monitoring base in the event of electrical outages. The Remote Supports vendor shall have other backup systems and additional safeguards in place which shall include, but are not limited to, contacting the backup support person in the event the monitoring base system stops working for any reason. The Remote Supports vendor shall comply with all federal, state, and local regulations that apply to the operation of its business or trade, including but not limited to, 18 U.S.C. section 2510 to section 2522 as in effect on the effective date of this rule. The Remote Supports vendor shall have an effective system for notifying emergency personnel such as police, fire, emergency medical services, and psychiatric crisis response entities.

**Service Limitations including Limitations on Amount, Duration or Frequency of the Service:**

- For children 21 years and younger, State Plan Services available through EPSDT are utilized prior to expending waiver funds.
- Remote Supports shall only be provided in waiver participants' places of residence when paid or unpaid sources of support are not present in the residence, except temporarily, if needed, when the Remote Supports are being initially introduced. In Supported Living or Community-Based Residential settings, the reimbursement rate to the provider shall be adjusted to account for the use of Remote Supports and the provider's role in providing backup support for the waiver participant(s) in the residence.
- When Remote Supports involve the use of audio and/or video equipment that permits remote support staff to view activities and/or listen to conversations in the residence, the person who receives the service and each person who lives with the person shall consent in writing after being fully informed of what remote support entails including, but not limited to, that the remote support staff will observe their activities and/or listen to their conversations in the residence, where in the residence the remote support will take place, and whether or not recordings will be made. If the person or a person who lives with the person has a guardian, the guardian shall consent in writing. The person's service and support administrator shall keep a copy of each signed consent form with the PCP.
- A monitoring base shall not be located at the residence of a person who receives Remote Supports.
- A secure network system requiring authentication, authorization, and encryption of data that complies with applicable state laws currently in effect shall be in place to ensure that access to computer, video, audio, sensor, and written information is limited to authorized persons.
- If a Reportable Event as defined in the DDD Critical Incident Prevention and Management System occurs while a person is being monitored, the Remote Supports provider shall retain, or ensure the

retention of, any video and/ or audio recordings and any sensor and written information pertaining to the incident for at least seven years from the date of the incident.

- With relevant substantiating documentation and DDD central office approval, a Community Services Director (CSD) may authorize use of this service in the home of a waiver participant(s) living with family as a cost-effective alternative to other medically necessary covered benefits, transition to an enrollment group with a higher expenditure cap, or to avoid institutional placement. Reauthorization is possible with re-assessment and CSD and DDD central office approval.

**Four Categories of Service:**

<b>(1) Assessment, Plan and Protocols</b>	<b>\$250 Remote Supports Provider</b>
	<b>\$150 Back-Up Support Provider</b>
<b>(2) Installation of Technology</b>	<b>Up to \$1000/Residence*</b>
<b>(3) Remote Support Vendor Service/Technology Payment Plan per Residence</b>	<b>\$6.50/Hour</b>
<b>(4) Paid Back-Up Support Provider On-Call Service per Residence.</b>	<b>\$3.50/Hour</b>

**\*Regional/Central Office approval required to exceed this amount.**

**Service Title:** **Assistive Technology and Adaptive Aids**

Enrollment Group(s): Essential Family Preservation Supports  
Seamless Transition to Adulthood Supports  
Family, Career and Community Life Supports  
Supports to Sustain Community Living

**Definition:**

An item, piece of equipment or product system, whether acquired commercially, modified or customized, that is used to increase, maintain, or improve functional capabilities and to support the individual's increased independence in their home, in community participation, and in competitive integrated employment. The service covers purchases, leasing, shipping costs, and as necessary, repair of equipment required by the person to increase, maintain or improve his/her functional capacity to perform activities of daily living or instrumental activities of daily living independently or more cost effectively than would be possible otherwise. This service must include strategies for training the individual, natural/unpaid and paid supporters of the individual in the setting(s) where the technology and/or aids will be used, as identified in the Person-Centered Plan (PCP).

Assistive Technology and Adaptive Aids covers the following:

- Evaluation and assessment of the Assistive Technology and Adaptive Aids needs of the individual by an appropriate professional, including a functional evaluation of the impact of the provision of appropriate assistive technology and adaptive equipment through equipment trials and appropriate services to him/her in all environments where the person is expected to use the specific technology or equipment, including the home, integrated employment setting(s) and integrated community locations;
- Services consisting of selecting, designing, fitting, customizing, adapting, applying, maintaining, updating, repairing, or replacing assistive technology devices and adaptive equipment;
- Adaptive equipment to enable the individual to complete activities of daily living or instrumental activities of daily living independently or to do so in a way that either allows natural supports to provide the human assistance still needed or allows the cost of paid supports otherwise needed to be reduced to offset the cost of the technology or aid within one (1) year. Such assistive technology or adaptive equipment may include but is not limited to:
  - Adaptive switches and attachments;
  - Adaptive equipment to enable the individual to feed him/herself and/or complete oral hygiene as indicated while at home, work or in the community (e.g. utensils, gripping aid for utensils, adjustable universal utensil cuff, utensil holder, scooper trays, cups, bowls, plates, plate guards, non-skid pads for plates/bowls, wheelchair cup holders, adaptive cups that are specifically designed to allow a person to feed him/herself or for someone to safely assist a person to eat and drink, and adaptive toothbrushes);

- Adaptive toileting equipment;
  - Communication devices and aids that enable the person to perceive, control or communicate with the environment, including a variety of devices for augmentative communication;
  - Assistive devices for persons with hearing and vision loss (e.g. assistive listening devices, TDD, large visual display services, Braille screen communicators, FM systems, volume control telephones, large print telephones and teletouch systems, and long white canes with appropriate tips to identify footpath information for people with visual impairment);
  - Computer equipment, adaptive peripherals and adaptive workstations to accommodate active participation in the workplace and in the community;
  - Software, when required to operate accessories included for environmental control;
  - Pre-paid, pre-programmed cellular phones that allow an individual, who is participating in employment or community integration activities without paid or natural supports and who may need assistance from remote sources of support or due to an accident, injury or inability to find the way home, to access such assistance independently. The person's PCP outlines the protocol that is followed for training, regular practice in using and regular checks of operability for a cellular phone including plan for when the individual may have an urgent need to request help while in the community;
  - Such other durable and non-durable medical equipment not available under the state Medicaid plan that is necessary to address functional limitations in the community, in the workplace, and in the home.
- Training, programming, demonstrations or technical assistance for the individual and for his/her providers of support (whether paid or unpaid) to facilitate the person's use of the Assistive Technology and Adaptive Aids.
  - Coordination and use of necessary therapies, interventions, or services with assistive technologies and adaptive aids, such as therapies, interventions, or other services in the PCP.
  - Repairs of equipment and items purchased through this Waiver or purchased prior to Waiver participation, as long as the item is identified within this service definition, and the cost of the repair does not exceed the cost of purchasing a replacement piece of equipment. The individual must own any piece of equipment that is repaired.

**Service Limitations including Limitations on Amount, Duration or Frequency of the Service:**

- For children 21 years and younger, State Plan Services available through EPSDT are utilized prior to expending waiver funds.
- Items reimbursed with waiver funds shall be non-duplicative of, and to meet an assessed need(s) in addition to, any medical equipment and supplies available to the individual and furnished under the state Medicaid plan. Repairs of items purchased under the state Medicaid plan shall be covered by the state Medicaid plan.

- Items reimbursed with waiver funds shall exclude those items which are not of direct medical or remedial benefit to the recipient.
- All items must meet applicable standards of manufacture, design and installation.
- A written recommendation by an appropriate professional (most typically, the professional that completed the evaluation and assessment or a prescription from a physician) must be obtained to ensure that the equipment will meet the needs of the person. For Assistive Technology and Adaptive Aids in the workplace, the recommendation of the Alabama Department of Rehabilitative Services/Vocational Rehabilitation (ADRS/VR) can also meet the requirement of a written, professional recommendation.
- The provision of this service to support the person in competitive integrated employment is only available for an individual who is working in competitive integrated employment and only if what is needed is not otherwise available to the individual under section 110 of the Rehabilitation Act of 1973, or the IDEA (20 U.S.C. 1401 et seq.). If this service is authorized, documentation is maintained that the service is not available to the individual under a program funded under section 110 of the Rehabilitation Act of 1973 or the IDEA (20 U.S.C. 1401 et seq.) or P.L. 94-142. Persons interested in obtaining competitive integrated employment should be referred to ADRS/VR, and the need for assistive technology and/or adaptive aids will assessed and identified in the ADRS/VR process.
- Depending upon the financial size of the employer or the employer's status as a public entity, these employers may be required to provide some of these items as part of their legal obligations under Title I or Title III of the ADA. Federal financial participation is not claimed for accommodations that are the legal responsibility of an employer or public entity, pursuant to Title I or Title III of the ADA.

<b>Units:</b>	<b>Item</b>	<b>Rate:</b>	<b>At Cost</b>
	<b>Hour (Assessment and/or Training)</b>	<b>Rate:</b>	<b>\$40/hour</b>



**Service Title:** **Employment Supports – Individual Employment Support**

Enrollment Group(s): Seamless Transition to Adulthood Supports (Ages 16+)  
Family, Career and Community Life Supports  
Supports to Sustain Community Living (Ages 16+)  
1915i Modified Family, Career and Community Life Supports

**Definition:**

A progression of services provided, as needed, on an individual basis for a person who, because of their disability(s), needs support in order to obtain and/or maintain an individualized, competitive or customized job in an integrated community setting for which the person is compensated at or above the minimum wage. These services are designed to support the achievement of individualized integrated employment outcomes consistent with the person's employment/career goals and conditions for success, as determined through Exploration and/or Discovery if such services are needed to accurately identify these goals and conditions.

The expected outcome of this service is sustained paid employment in a competitive or customized job, with an employer who is not the person's service provider, and for which a person is compensated at or above the minimum wage, but not less than the customary wage paid by the employer for the same or similar work performed by persons without disabilities. The job also offers the level of benefits offered by the employer to persons without disabilities performing the same or similar work.

Supported Employment—Individual Employment Support services are individualized and may include the following components:

**Exploration**

A time-limited and targeted service designed to help a person make an informed choice about whether they wish to pursue an individualized, competitive or customized job in an integrated community setting for which the person is compensated at or above the minimum wage. Exploration shall be limited to no more than thirty (30) calendar days from the date of service initiation. This service is not appropriate for persons who know they want to pursue an individualized, competitive or customized job in an integrated community setting for which the person is compensated at or above the minimum wage. The service includes introductory activities to identify a person's areas of specific interest, experience and skill related to individualized, integrated employment.

This service also includes exploration of employment opportunities that are specifically related to the person's identified interests, experiences and/or skills through at least three uniquely arranged business tours, informational interviews and/or job shadows. Each activity shall include time for set-up, prepping the person for participation in the activity, and debriefing with the person after each opportunity.

This service also includes introductory, basic education on the numerous work incentives for SSI and/or SSDI beneficiaries and how Supported Employment services work (including Vocational Rehabilitation services). The provider shall document each date of service, the activities performed that day, and the duration of each activity. This service culminates in a written report, on a template issued by DMH/DDD, summarizing the process and outcomes, due no later than forty-five (45) calendar days after the service commences. Exploration is paid on an outcome basis, after the written report is received and approved.

**Unit: Each (Outcome)**

**Unit Rate: \$1,200.**

### **Discovery**

A time-limited and targeted service, if not otherwise available to the individual from the Alabama Department of Rehabilitative Services, designed to help a person, who wishes to pursue an individualized, competitive or customized job in an integrated community setting for which the person is compensated at or above the minimum wage, to identify through person-centered assessment, planning and exploration:

- Strong interests toward one or more specific aspects of the labor market;
- Skills, strengths and other contributions likely to be valuable to employers;
- Conditions necessary for successful employment.

Discovery may involve a comprehensive analysis of the person's history, interviews with family, friends and support staff, observing the person performing work skills, and career research in order to determine the person's career interests, talents, skills and support needs, and the writing of a Profile, which may be paid for through the Waiver in order to provide a valid assessment for Vocational Rehabilitation (VR) services to begin, which would begin with the development of an Employment Plan through ADRS.

Discovery shall be limited to no more than sixty (60) calendar days from the date of service initiation. The provider shall document each date of service, the activities performed that day, and the duration of each activity. The information developed through Discovery allows for activities of typical life to be translated into possibilities for individualized, integrated employment. Discovery results in the production of a detailed written Profile, following content requirements established by DMH/DDD, summarizing the process, learning and recommendations for next steps. The written Profile is due no later than seventy-five (75) calendar days after the service commences. Discovery is paid on an outcome basis, after the written Profile is received and approved.

**Unit: Each (Outcome)**

**Unit Rate: \$1,360.**

**Job Development Plan**

A time-limited and targeted service, if otherwise not available to the individual from the Alabama Department of Rehabilitative Services, designed to create a clear plan for Job Development to obtain an individualized, competitive or customized job in an integrated community setting for which the person is compensated at or above the minimum wage. This service is limited to thirty (30) calendar days from the date of service initiation. This service includes a planning meeting involving the person and other key people who will be instrumental in supporting the person to become employed in an individualized, competitive or customized job in an integrated community setting for which the person is compensated at or above the minimum wage. This service culminates in a written plan, on a template issued by DMH/DDD, directly tied to the results of Exploration, Discovery, as applicable when previously authorized, and is due no later than thirty (30) calendar days after the service commences. This service is paid on an outcome basis, after the Job Development Plan is received and approved.

**Unit: Each (Outcome)**

**Unit Rate: \$240.**

**Job Development**

Job Development is a service, if otherwise not available to the individual from the Alabama Department of Rehabilitative Services, that supports a person to obtain an individualized, competitive or customized job in an integrated community setting for which the person is compensated at or above the minimum wage. This service is designed to implement the Job Development Plan, if applicable, and should result in the achievement of an individualized, integrated employment outcome consistent with the person's employment and career goals, as determined through Exploration (if necessary), Discovery (if necessary) and/or the employment planning process and reflected in the PCP. The Job Development strategy should reflect best practices and whether the person is seeking competitive or customized employment. This service will be paid on an outcome basis once an individualized, competitive or customized job in an integrated community setting for which the person is compensated at or above the minimum wage has been obtained and the individual has completed the first fifty (50) hours on the job.

**Unit: Each (Outcome)**

**Unit Rate: \$1,600.**

## **Job Coaching**

Job Coaching for individualized, integrated employment, if not otherwise available to the individual from the Alabama Department of Rehabilitative Services, includes identifying and providing services and supports that assist the person in maintaining and advancing in individualized employment in an integrated setting. Job Coaching includes supports provided to the person and their supervisor or co-workers, either remotely (via technology) or face-to-face. Job Coaching supports must be guided by a Job Coaching fading plan and must include systematic instruction utilizing task analysis to teach the person to independently complete as much of their job duties as possible.

Examples of Job Coaching strategies that may be approved include:

- Job analysis
- Job adaptations
- Instructional prompts
- Verbal instruction
- Self-management tools
- Physical assistance
- Role play
- Co-worker modeling
- Written instruction

Assistive Technology should also be introduced whenever possible to increase independence and productivity. Job Coaching also must include the engagement of natural supports (e.g., employers, supervisors, co-workers, or volunteers at the job site; or friends or family members in supportive roles) in the workplace to provide additional targeted supports that allow the job coach to maximize his/her ability to fade.

This service cannot include payment for the supervisory and co-worker activities rendered as a normal part of the business setting and that would otherwise be provided to an employee without a disability. The use of this service shall be authorized on a time limited basis (i.e., no more than 180 days) and reviewed to determine amount of service needed during next authorization period. Job Coaching is not time-limited. The amount of time authorized for this service is a percentage of the person's hours worked, based on individual need. Payment per unit of service is tiered to encourage fading and is also based on the person's level of disability ((ICAP score; additional assessment as identified by DMH/DDD) and the length of time the person has been employed.

**Unit: 15 minutes**

**Unit Rate: \$7.00 to \$9.00 depending on person's length of time on job and fading percentage. See next page:**

Job Coaching - 1/4 Hourly Rates (Hourly Rates)						
Months on job	% of hours	Tier A (ICAP 1-35)	% of hours	Tier B (ICAP 36-70)	% of hours	Tier C (ICAP 71+)
1 - 6 months		\$9.00 (\$36/hr.)		\$9.00 (\$36/hr.)		\$9.00 (\$36/hr.)
	90-100%	\$7.00 (\$28)	80-100%	\$7.00 (\$28)	60-100%	\$7.00 (\$28)
7 - 12 months	80-89%	\$8.00 (\$32)	60-79%	\$8.00 (\$32)	40-59%	\$8.00 (\$32)
	< 80%	\$9.00 (\$36)	< 60%	\$9.00 (\$36)	< 40%	\$9.00 (\$36)
	75-100%	\$7.00 (\$28)	60-100%	\$7.00 (\$28)	50-100%	\$7.00 (\$28)
13 - 24 months	60-74%	\$8.00 (\$32)	40-59%	\$8.00 (\$32)	30-49%	\$8.00 (\$32)
	< 60%	\$9.00 (\$36)	< 40%	\$9.00 (\$36)	< 30%	\$9.00 (\$36)
	65-100%	\$7.00 (\$28)	50-100%	\$7.00 (\$28)	40-100%	\$7.00 (\$28)
25 + months	40-64%	T2019 UE UA U8 = \$8.00 (\$32)	30-49%	T2019 UE UB U8 = \$8.00 (\$32)	20-39%	T2019 UE UC U8 = \$8.00(\$32)
	< 40%	\$9.00 (\$36)	< 30%	\$9.00 (\$36)	< 20%	\$9.00 (\$36)
Stabilization & Monitoring	~ 1/wk	\$156/month	~ 1/wk	\$156/month	~ 1/wk	\$156/month

## Career Advancement

A time-limited career planning and advancement support service, if not otherwise available to the individual from the Alabama Department of Rehabilitative Services, for persons currently engaged in individualized, integrated employment who wish to obtain a promotion and/or a second individualized, integrated employment opportunity. The service focuses on developing and successfully implementing a plan for achieving increased income and economic self-sufficiency through promotion to a higher paying position or through a second individualized, integrated employment or self-employment opportunity.

The outcomes of this service are:

- The identification of the person's specific career advancement objective;
- Development of a viable plan to achieve this objective; and
- Implementation of the plan which results in the person successfully achieving his/her specific career advancement objective.

Career Advancement is paid on an outcome basis, after key milestones are accomplished:

- Outcome payment number one is paid after the written plan to achieve the person's specific career advancement objective is reviewed and approved. The written plan must follow the template prescribed by DMH/DDD.
- Outcome payment number two is paid after the person has achieved his/her specific career advancement objective and has been in the new position or second job for a minimum of forty (40) hours.

This service may not be included on a PCP if the PCP also includes any of the services that are also covered under Supported Employment-Individual Employment Support, except Job Coaching. This service may not be authorized retroactive to a promotion or second job being made available to a person. Supports for Career Advancement may be authorized and paid once every three (3) years (with a minimum of three 365-day intervals between services), and if evidence exists that the individual is eligible for promotion or able to present as a strong candidate for employment in a second job (e.g. has strong reference(s), performance review(s) and/or good attendance record from current employer). The only exception is in situations where the provider who was previously authorized and paid for outcome payment number one did not also earn outcome payment number two because they did not successfully obtain a promotion or second job for the person. In this situation, reauthorization for outcome payments number one and two may occur a maximum of once per year (with a minimum 365-day interval between services), so long as the reauthorization involves the use of a new/different provider.

Unit: Outcome (Plan) Unit Rate: \$240

**Unit: Outcome (Promotion or Second Job)      Unit Rate:    \$750**

**Supported Employment-Individual Services - Additional Service Expectations, Limitations, Requirements:**

- The Waiver will not cover services which are otherwise available to the person under section 110 of the Rehabilitation Act of 1973, or the IDEA (20 U.S.C. 1401 et seq.). If this service is authorized, documentation is maintained that the service is not timely available to the person under a program funded under section 110 of the Rehabilitation Act of 1973 or the IDEA (20 U.S.C. 1401 et seq.).
- This service will not duplicate other services provided to the individual and face-to-face delivery of the service may not be billed for during the same period of time (e.g., the same hour or 15-minute unit) that another face-to-face service is billed.
- The Supported Employment—Individual Employment Support provider shall be responsible for any Personal Assistance needs during the hours that Supported Employment services are provided. However, the Personal Assistance services may not comprise the entirety of the Supported Employment—Individual Employment Support service. All providers of Personal Assistance under Supported Employment—Individual Employment Support shall meet the Personal Assistance provider qualifications.
- The combination of services the person is eligible to receive that occur outside of the home and in the broader community shall be limited to a combined maximum of 40 hours per week, except in instances where the person is 16+ and employed in competitive integrated employment 20 or more hours per week, in which case the person can receive up to 48 hours per week less any hours the person is working in competitive integrated employment without any waiver services. Expenditure caps also apply. Depending on enrollment group and age, the services the person is eligible to receive that occur outside of the home may include Supported Employment-Individual services, Supported Employment — Small Group, Community Integration Connections and Skills Training, and/or Personal Assistance-Community.
- Transportation of the person to and from this service is not included in the rate paid for this service. Where staff delivering this service meet a person at his/her home to start the service, transportation of the person *to* this service is not necessary and shall not be separately authorized. Likewise, where staff delivering this service on a given day conclude this service at the person's home, transportation of the person *from* this service is not necessary and shall not be separately authorized.
- This service does not include support for volunteering.
- This service does not include supporting paid employment in sheltered workshops or similar facility-based settings, or in a business enterprise owned by a provider of the person's services.
- This service does not include payment for the supervisory activities rendered as a normal part of the business setting.
- If a person is successfully employed in individualized, integrated employment, services may be used to explore advancement opportunities in his or her chosen career, if such services are not otherwise available to the individual through Alabama Division of Rehabilitation Services.

- Social Security's Ticket to Work Outcome and Milestone payments do not conflict with CMS regulatory requirements and do not constitute an overpayment of Federal dollars for services provided since Ticket to Work payments are made for an outcome, rather than for a Medicaid service rendered.
- Federal financial participation is not claimed for incentive payments, subsidies, or unrelated vocational training expenses such as the following:
  - Incentive payments made to an employer to encourage or subsidize the employer's participation in supported employment;
  - Payments that are passed through to users of supported employment services; or
  - Payments for training that is not directly related to a person's supported employment program.



**Service Title: Co-Worker Supports**

Enrollment Group(s): Seamless Transition to Adulthood Supports (age 16 and up)  
Family, Career and Community Life Supports  
Supports to Sustain Community Living (age 16 and up)  
1915i Modified Family, Career and Community Life Supports

**Definition:**

This service involves the provider of this service (who receives a monthly service fee for their ongoing oversight and involvement) entering into an agreement with the employer to reimburse the employer who will in turn reimburse one or more co-workers and/or supervisors, agreeable to the person supported, for supports in lieu of a Job Coach.

This service can be considered at any time the individual wishes to have Co-Worker Supports rather than Job Coaching, given that Co-Worker Supports are less intrusive and expected to be less costly to implement than Job Coaching. This service can be used when an employer wants to hire an individual; but has reasons for not wanting an external job coach in the workplace. This service must be considered as an option with the individual and his/her employer if fading of Job Coaching has ceased to continue for at least six (6) months. The use of this service should also be authorized on a time limited basis (i.e., no more than 180 days) and reviewed to determine need for renewal/continuation. This service cannot include payment for the supervisory and co-worker activities rendered as a normal part of the business setting and that would otherwise be provided to an employee without a disability. The co-worker(s) and/or supervisor(s) identified to provide the support to the person must meet the qualifications for a legally responsible individual as provider of this service. The provider is responsible for oversight and monitoring of paid Co-Worker Supports.

The actual amount of Co-Worker Supports authorized is based on individual need as determined through an on-the-job support assessment the format for which is prescribed by DMH/DDD and as outlined in a Co-Worker Supports Agreement using a template prescribed by DMH/DDD and jointly signed by the person, the provider and the employer.

The provider must ensure the following as part of utilizing Co-Worker Supports:

- A formal written agreement is in place outlining the nature and amount of the supports, above and beyond natural supports, to be provided to the member by the employer, the amount of time necessary for the supervisor(s) or co-worker(s) to provide this support and the cost to the employer for this support, which will be reimbursed by the provider. The agreement should include expectations regarding documentation and billing necessary for the employer to be reimbursed by the provider.
- The supervisor(s) and/or co-worker(s) identified to provide the support to the individual must pass background checks otherwise required for Job Coach. The provider is responsible for ensuring these checks are done (by the employer or provider) and for retaining copies of background check results on file.
- Providing an orientation training to the supervisor(s) and/or co-worker(s) identified to provide the support to the individual which includes the following content:

- Basic introduction to Supported Employment
- Explanation of the Co-Worker Supports model of support – what is covered/not covered; expected outcomes
- Overview of best practices for coaching to promote maximum independence and performance
- Training specific to the member, including support plan, communication style, learning style, support needs and specific needed related to performing and maintaining his/her job that the supervisor(s) or co-worker (s) is expected to address;
- Role and availability of the provider in supporting the member, the employer/supervisor, and co-worker(s) providing support to the member;
- Contact information for the provider, including emergency/back-up cell phone numbers;
- Documentation requirements necessary for the provider to invoice Medicaid and make payment to the employer based on the supports provided to the member.
- The provider is available to provide back-up supports and/or additional training/technical assistance for the employer and member whenever this may be needed;
- The provider completes minimum monthly check-ins with the employer and the member.
- Based on all of the above expectations, the provider maintains records of each Co-Worker Supports arrangement for review by DMH/DDD at any time or as a part of annual certification. Records should include, at minimum: current written agreement between the employer and provider as described above; valid copies of background checks; proof of completion of training for supervisor(s) and co-worker(s) providing supports to the member; evidence of monthly check-ins being completed; billing documentation submitted by the employer to support payments to the employer; record of reimbursements made to the employer and tax documents issued to the employer (e.g. 1099 forms) by the provider.

#### **Co-Worker Supports - Additional Service Expectations, Limitations, Requirements:**

- The Waiver will not cover services which are otherwise available to the person under section 110 of the Rehabilitation Act of 1973, or the IDEA (20 U.S.C. 1401 et seq.). If this service is authorized, documentation is maintained that the service is not timely available to the person under a program funded under section 110 of the Rehabilitation Act of 1973 or the IDEA (20 U.S.C. 1401 et seq.).
- This service will not duplicate other services provided to the individual and face-to-face delivery of the service may not be billed for during the same period of time (e.g., the same hour or 15-minute unit) that another face-to-face service is billed.
- The Supported Employment provider overseeing the Co-Worker Supports arrangement shall be responsible for any Personal Assistance needs not met by Co-Worker Supports and shall bill this time as Job Coaching. All providers of Personal Assistance under Supported Employment—Individual Employment Support shall meet the Personal Assistance provider qualifications.
- The combination of services the person is eligible to receive that occur outside of the home and in the broader community shall be limited to a combined maximum of 40 hours per week, except in instances where the person is 16+ and employed in competitive integrated employment 20 or more hours per week, in which case the person can receive up to 48 hours per week less any hours the person is working in

competitive integrated employment without any waiver services. Expenditure caps also apply. Depending on enrollment group and age, the services the person is eligible to receive that occur outside of the home may include Supported Employment-Individual services, Supported Employment — Small Group, Community Integration Connections and Skills Training, and/or Personal Assistance-Community.

- Transportation of the person to and from this service is not included in the rate paid for this service.
- This service does not include support for volunteering.
- This service does not include supporting paid employment in sheltered workshops or similar facility-based settings, or in a business enterprise owned by a provider of the person's services.
- This service does not include payment for the supervisory activities rendered as a normal part of the business setting.
- Social Security's Ticket to Work Outcome and Milestone payments do not conflict with CMS regulatory requirements and do not constitute an overpayment of Federal dollars for services provided since Ticket to Work payments are made for an outcome, rather than for a Medicaid service rendered.
- Federal financial participation is not claimed for incentive payments, subsidies, or unrelated vocational training expenses such as the following:
  - Incentive payments made to an employer to encourage or subsidize the employer's participation in supported employment;
  - Payments that are passed through to users of supported employment services; or
  - Payments for training that is not directly related to a person's supported employment program.

**Unit (Supports provided by employer): 15 minutes**

**Unit (SE provider oversight): Month**

**Unit Rates: Payable for time co-workers and/or supervisors provide direct coaching support to a specific waiver participant at the workplace. 15 minute unit rate based on gross cost to employer for co-worker or supervisor support (payment to co-worker plus applicable employer taxes), plus a flat \$100/month provider oversight and admin fee.**

**Service Title:**                      **Employment Supports – Small Group Supports**

Enrollment Group(s):              Seamless Transition to Adulthood Supports (after exit from high school)  
Family, Career and Community Life Supports  
Supports to Sustain Community Living (after exit from high school)

**Definition:**

A service providing employment services and training activities to support successful transition to individualized integrated employment or self-employment, or to supplement such employment and/or self-employment when it is only part-time. The service may include:

- Small group career planning and Exploration
- Small group Discovery classes/activities
- Other educational opportunities related to successful job acquisition and working successfully in individualized integrated employment
- Employment in integrated business, industry and community settings

Examples include mobile crews, small enclaves and other small groups participating in integrated employment that is specifically related to the identified interests, experiences and/or skills of each of the persons in the small group and that results in acquisition of knowledge, skills and experiences that facilitate transition to individualized integrated employment or self-employment, or that supplement such employment or self-employment when it is only part-time.

The maximum group size for mobile crews and enclaves is four (4) people with disabilities working together while receiving this service.

In the enclave model, a small group of people with disabilities (no more than four (4) people) is trained and supervised to work as a team among employees who are not disabled at the host company's work site.

In the mobile work crew model, a small crew of workers (including no more than four (4) persons with disabilities and ideally also including workers without disabilities who are not paid providers of this service) work as a distinct unit and operate as a self-contained business that generates employment for their crew members by selling a service. The crew typically works at several locations within the community.

In each model, the Supported Employment—Small Group Supports provider is responsible for training, supervision, and support of participants.

The expected outcome of this service is the acquisition of knowledge, skills and experiences that facilitate career development and transition to individualized integrated employment or self-employment, or that supplement such employment and/or self-employment when it is only part-time. The individualized integrated employment or self-employment shall be consistent with the individual's personal and career goals, as documented in their PCP. Supported Employment—Small Group Supports shall be provided in a way that presumes all participants are capable of working in individualized integrated employment and/or self-employment.

Participants in this service shall be encouraged, on an ongoing basis, to explore and develop their interests, strengths, and abilities relating to individualized integrated employment and/or self-employment. In order to reauthorize this service, the PCP must document that such opportunities are being provided through this service, to the person, on an on-going basis. The PCP shall also document and address any barriers to the person transitioning to individualized integrated employment or self-employment if the person is not already participating in individualized integrated employment or self-employment. Any person using this service to supplement part-time individualized integrated employment or self-employment shall be offered assistance to increase hours in individualized integrated employment and/or self-employment as an alternative or partial alternative to continuing this service.

**Supported Employment-Small Group Services - Additional Service Expectations, Limitations, Requirements:**

- The provider is expected to conduct this service in integrated, non-disability-specific business, industry or community settings that meet all HCBS setting standards and do not isolate participants from others who do not have disabilities. These settings cannot be provider-owned, leased or operated settings. The settings must be integrated in, and support full access of participants to the greater community, including opportunities to learn about and seek individualized integrated employment, engage in community life, and control their earned income.
- This service does not include supporting paid employment in sheltered workshops or similar facility-based settings, or in a business enterprise owned by a provider of the person's services.
- Paid work under Supported Employment—Small Group Supports must be compensated at minimum wage or higher.
- Supported Employment—Small Group Supports does not include vocational or Employment Path services, employment or training provided in facility based work settings.
- Transportation to and from this service and during this service is included in the rate paid for this service.
- This service will not duplicate other services provided through Medicaid state Waiver plan services and may not be billed for during the same period of time (e.g., the same hour) as other such services.
- The Supported Employment—Small Group Supports provider shall be responsible for any Personal Assistance needs during the hours that Supported Employment-Small Group Supports are provided; however, the Personal Assistance services may not comprise the entirety of the Supported Employment—Small Group Supports service. All providers of Personal Assistance under Supported Employment—Small Group Supports shall meet the Personal Assistance service provider qualifications.
- The combination of services the person is eligible to receive that occur outside of the home and in the broader community shall be limited to a combined maximum of 40 hours per week, except in instances where the person is 16+ and employed in competitive integrated employment 20 or more hours per week, in which case the person can receive up to 48 hours per week less any hours the person is working in competitive integrated employment without any waiver services. Expenditure caps

also apply. Depending on enrollment group and age, the services the person is eligible to receive that occur outside of the home may include Supported Employment-Individual services, Supported Employment — Small Group, Community Integration Connections and Skills Training, and/or Personal Assistance-Community.

- This service does not include support for volunteering.
- The Waiver will not cover services which are otherwise available to the person under section 110 of the Rehabilitation Act of 1973, or the IDEA (20 U.S.C. 1401 et seq.). If this service is authorized, documentation is maintained that the service is not available to the person under a program funded under section 110 of the Rehabilitation Act of 1973 or the IDEA (20 U.S.C. 1401 et seq.). A person does not have to be found ineligible for services under section 110 of the Rehabilitation Act of 1973 to determine and document this service is not available.
- Federal financial participation is not claimed for incentive payments, subsidies, or unrelated vocational training expenses such as the following:
  - Incentive payments made to an employer to encourage or subsidize the employer's participation in supported employment;
  - Payments that are passed through to users of supported employment services; or
  - Payments for training that is not directly related to a person's supported employment program.

**UNIT: 15 minutes**

**UNIT RATE: \$4.54 (Group of 2-3)      \$3.31 (Group of 4)**

**Transportation to/from and during service included in rate paid for service.**

**Service Title:** **Employment Supports – Integrated Employment Path Services**

**Enrollment Group(s):** Seamless Transition to Adulthood Supports (ages 16+)  
Family, Career and Community Life Supports  
Supports to Sustain Community Living (ages 16+)

**Definition:**

The provision of time-limited learning and work experiences, including volunteering opportunities, where a person can develop general, non-job-task-specific strengths and skills that contribute to employability in individualized integrated employment or self-employment. Services are expected to specifically involve strategies that facilitate a participant's successful transition to individualized integrated employment or self-employment.

Persons receiving Integrated Employment Path Services must have a desire to obtain some type of individualized integrated employment or self-employment and this goal must be documented in the PCP as the goal that Integrated Employment Path Services are specifically authorized to address.

Services should be customized to provide opportunities for increased knowledge, skills and experiences specifically relevant to the person's specific individualized integrated employment and/or self-employment goals and career goals. If such specific goals are not known, this service can also be used to assist a person to identifying his/her specific individualized integrated employment and/or self-employment goals and career goals.

The expected outcome of this service is measurable gains in knowledge, skills and experiences that contribute to the individual achieving individualized integrated employment or self-employment, including (but not limited to):

- Ability to communicate effectively with supervisors, co-workers and customers;
- Generally accepted community workplace conduct and dress;
- Ability to follow directions;
- Ability to attend to tasks;
- Workplace problem solving skills and strategies; and
- General workplace safety and mobility training.

This service is limited to no more than one year. One extension of up to one year can be allowed only if the person is actively pursuing individualized integrated employment or self-employment in an integrated setting and has documentation that a service(s) (i.e. ADRS Individualized Plan for Employment in place or Job Development or Self-Employment Start-Up funded by the Waiver) is concurrently authorized for this purpose. The one-year extension may be repeated only if a person loses individualized integrated employment or self-employment and is seeking replacement opportunities.

**Employment Supports – Integrated Employment Path Services- Additional Service Expectations, Limitations, Requirements:**

- Integrated Employment Path Services shall not be provided or reimbursed if the person is receiving Job Coaching (for individualized integrated employment or self-employment), Co-Worker Supports or is working in individualized integrated employment or self-employment without any paid supports. Integrated Employment Path Services are only appropriate for individuals who are not yet engaged in individualized integrated employment or self-employment.
- The provider is expected to conduct this service in integrated, non-disability-specific business, industry or community settings that meet all HCBS setting standards and do not isolate participants from others who do not have disabilities. These settings cannot be provider-owned, leased or operated settings.
- Transportation of the person to and from this service, and during this service, is included in the rate paid for this service.
- This service will not duplicate other services provided through Medicaid state Waiver plan services and may not be billed for during the same period of time (e.g., the same hour) as other such services.
- The combination of services the person is eligible to receive that occur outside of the home and in the broader community shall be limited to a combined maximum of 40 hours per week, except in instances where the person is 16+ and employed in competitive integrated employment 20 or more hours per week, in which case the person can receive up to 48 hours per week less any hours the person is working in competitive integrated employment without any waiver services. Expenditure caps also apply. Depending on enrollment group and age, the services the person is eligible to receive that occur outside of the home may include Supported Employment-Individual services, Supported Employment — Small Group, Community Integration Connections and Skills Training, and/or Personal Assistance-Community.
- The Waiver will not cover services which are otherwise available to the person under section 110 of the Rehabilitation Act of 1973, or the IDEA (20 U.S.C. 1401 et seq.). If this service is authorized, documentation is maintained that the service is not available to the person under a program funded under section 110 of the Rehabilitation Act of 1973 or the IDEA (20 U.S.C. 1401 et seq.).

**Unit: 15 minutes**

**Unit Rate:      \$9.40 (1:1 ratio)      \$5.50 (1:2 ratio)      \$1.70 (Classroom 1:8)\***

**\*Classroom rate to support Project Search classroom time or similar evidence-based internship program pre-approved by ADMH/DDD.**



## Community Integration Connections and Skills

Enrollment Group(s):

Family, Career and Community Life Supports  
Supports to Sustain Community Living (adults age 22+)

Definition:

Time-limited services which identify and arrange integrated opportunities for the person to achieve his/her unique goals for community participation, involvement, membership, contribution and connections, including targeted education and training for specific skill development to enable the waiver participant to develop ability to independently (or with natural supports only) engage in these integrated opportunities as specified in the person's Person-Centered Plan.

The community connections component of this service is focused on assisting the person to find and become engaged in specific opportunities for community participation, involvement, membership, contribution and connections. The service focus on community connections includes the following:

- Connections to members of the broader community who share like interests and/or goals for community participation, involvement, membership and/or contribution.
- Connections to community organizations and clubs to increase the individual's opportunity to expand community involvement and relationships consistent with his/her unique goals for community involvement and expanded natural support networks, as documented in the Person-Centered Plan;
- Connections to formal/informal community associations and/or neighborhood groups;
- Community classes or other learning opportunities related to developing passions, interests, hobbies and further mastery of existing knowledge/skills related to these passions, interests and hobbies;
- Connections to community members, opportunities and venues that support an individual's goals related to personal health and wellness (e.g. yoga class, walking group, etc.);
- Connections to volunteer opportunities focused primarily on community contribution rather than preparation for employment;

The provider must document weekly progress toward achieving each goal for community participation, involvement, membership, contribution and connections for which the service is specifically authorized and which is documented in the Person-Centered Plan. This service focuses on successful participation in community opportunities that offer the opportunity for meaningful, ongoing interactions with members of the broader community. This service also focuses on ensuring the ongoing interactions with members of the broader community are meaningful and positive, leading to the development of a broader network of natural supports for the individual.

This service shall be provided in a variety of integrated community settings that offer opportunities for the person to achieve their personally identified goals for community participation, involvement, membership, contribution and connections, including developing and sustaining a network of positive natural supports. The provider is expected to

provide this service in the appropriate integrated community setting(s) where the opportunities take place and the skills will be used, rather than maintaining a separate service location or practicing skills in places that are not the places where they will be used by the participant.

The skills training component of this service is instructional and training-oriented, and not intended to provide substitute task performance by staff. Skill training is focused on the development of skills identified in the Person-Centered Plan that will enable the person to continue participation in integrated community opportunities without waiver-funded supports.

Community Integration Connections and Skills Training may include only education and training for skill development related to:

- Developing and maintaining positive reciprocal relationships with members of the broader community who are not other waiver participants, paid staff or family members;
- Participation in community activities, clubs, formal or informal membership groups and other opportunities for community involvement, participation and contribution;
- Accessing and using community services and resources available to the general public;
- Safeguarding personal financial resources in the community;
- Mobility training and travel training;
- Cell phone and/or PERS use in the community;
- Skills for personal safety in the community.

The provider must prepare and follow a plan utilizing systematic instruction and other evidence-based strategies for teaching the specific skills identified in the Person-Centered Plan. The provider must further ensure consistent teaching methods if multiple staff share responsibility for delivery of the service to a waiver participant. The provider must document weekly progress toward achieving each goal for community integration skill development and independence identified in the Person-Centered Plan.

The Community Integration Connections and Skills Training provider shall be responsible for any Personal Assistance needs during the hours that Community Integration Connections and Skills Training services are provided. However, the Personal Assistance services may not comprise the entirety of the Community Integration Connections and Skills Training

**Additional Service Expectations, Limitations, Requirements:**

- All settings where Community Integration Connections and Skills Training is provided must meet all HCBS Settings Rule standards and cannot be provider owned or controlled.
- This service is provided separate and apart from the person's private (including family) residence, other residential living arrangement and/or the home of a service provider and is not provided in provider owned or controlled facilities.
- One expected result of this service is fading of the service and less dependence on paid support over time in favor of increased natural supports and skills for community involvement and participation.

- This service should be authorized on a time-limited basis to facilitate one or more community connections and/or to facilitate acquisition or mastery of one or more skills for participation in integrated community opportunities and relationships.
- This service is intended to be a "wrap-around" support to participation in individualized, competitive integrated employment, Supported Employment - Small Group services and/or Integrated Employment Path Services, or is intended for individuals of retirement age (65+) who have elected not to pursue further employment opportunities, or for individuals who, after participating in the informed choice process available through completion of the Supported Employment-Individual Exploration service, have decided not to pursue individualized, competitive integrated employment at the current time.
- Staff-to-person ratios may vary from 1:1 to 1:3, with variable payment based on the specific ratio.
- The combination of services the person is eligible to receive that occur outside of the home and in the broader community shall be limited to a combined maximum of 40 hours per week, except in instances where the person is 16+ and employed in competitive integrated employment 20 or more hours per week, in which case the person can receive up to 48 hours per week less any hours the person is working in competitive integrated employment without any waiver services. Expenditure caps also apply. Depending on enrollment group and age, the services the person is eligible to receive that occur outside of the home may include Supported Employment-Individual services, Supported Employment — Small Group, Community Integration Connections and Skills Training, and/or Personal Assistance-Community.

**Unit: 15 minutes**

**Unit Rates:     \$6.50 (1:1 ratio)     \$3.75 (1:2 ratio)     \$2.82 (1:3 ratio)**

**Maximum group size = 3     Minimum staffing ratio: 1:3**

**Service Title: Independent Living Skills Training**

Enrollment Group(s): Essential Family Preservation Supports  
Seamless Transition to Adulthood Supports  
Family, Career and Community Life Supports  
Supports to Sustain Community Living  
1915i Modified Family, Career and Community Life Supports

**Definition:**

Time-limited, focused service that provides targeted education and training for specific skill development to enable the waiver participant to develop ability to independently perform routine daily activities at home as specified in the person's Person-Centered Plan. Services are not intended to provide substitute task performance by staff. Services are instructional and training-oriented, focused on development of skills identified in the Person-Centered Plan. Independent Living Skills Training may include only education and training for skill development related to:

- Personal hygiene, self-care skills and routines
- Food and meal preparation, including menu planning
- Home upkeep/maintenance including outdoor upkeep/maintenance as applicable
- Money management including skills for controlling and safeguarding personal financial resources at home
- Home-based communication device use (e.g. computer/phone/cell phone)
- Skills for personal safety at home
- Parenting skills (if minor children of waiver participant residing with waiver participant)

Independent Living Skills Training is intended as a short-term service designed to allow a person to acquire specific skills for independence in defined tasks and activities for community living.

Goals for skill development and independence at home must be age-appropriate for the waiver participant while recognizing that learning skills for maximizing individual initiative, autonomy and independence at home should start at a very young age. The provider must prepare and follow a plan utilizing systematic instruction and other evidence-based strategies for teaching the specific skills identified in the Person-Centered Plan. The provider must further ensure consistent teaching methods if multiple staff share responsibility for delivery of the service to a waiver participant.

Because home-based skills are being taught, parents and/or other natural supports in the home will be encouraged to observe the training so they can learn how to use the instructional strategies, reinforce the learned skills and contribute to ensuring the maintenance of these skills after the service ends.

The provider must document weekly progress toward achieving each independent living skill identified in the Person-Centered Plan. The provider is expected to provide this service in the person's own home where the skills will be used, rather than maintaining a separate service location or practicing skills in places that are not the places where they will be used by the participant.

**Service Limitations including Limitations on Amount, Duration or Frequency of the Service:**

- For children 21 years and younger, State Plan Services available through EPSDT are utilized prior to expending waiver funds.
- This service may be authorized for a maximum of 10 hours/week (no more than 2 hours/day) but shall be appropriate to the goal for authorizing the service and the person's existing level of skill (gap between existing level of skill and goal) prior to the service being authorized;
- Once a waiver participant has achieved the ability to independently perform specific routine daily activities, this service may only be authorized to address a *different* routine daily activity as specified in the person's PCP, or authorized, if needed, only very intermittently and for minimal time, to focus on sustaining skills for independence already achieved so these are not lost.

**Unit: 15 minutes**

**Unit Rate: \$6.50**

**Minimum staffing ratio: 1:1**

**In-home service.**

**Service Title:                      Peer Specialist Services**

Enrollment Group(s):              Family, Career and Community Life Supports  
   Supports to Sustain Community Living (age 22+)  
   1915i Modified Family, Career and Community Life Supports

**Definition:**

A service that assists a person to develop and utilize skills and knowledge for self-determination in one or more of the following areas:

- Directing the person-centered planning (PCP) process;
- Understanding and considering self-direction;
- Understanding and considering individualized integrated employment/self-employment; and
- Understanding and considering independent and supported living community living options.

The service is provided on a time-limited basis, determined by the person's individual need, by a peer with intellectual or developmental disabilities who has experience matched to the focus area, needs and goals of the person receiving this service: has successfully directed their own Person-Centered Planning process; has self-directed their own services; has successfully obtained individualized integrated employment at a competitive wage; and/or utilizes independent/supported living options.

A qualified Peer Specialist service provider understands, empathizes with the person while working to empower the person, supporting three critical areas important for enhancing self-esteem and self-determination:

- The human need for connections, social supports and allies;
- Overcoming the disabling power of learned helplessness, low expectations, and the stigma of labels; and
- Supporting self-advocacy, informed choice and dignity of risk in decision making.

The Peer Specialist service provider offers:

- Education and training on the principles of self-determination, informed decision making and informed risk-taking;
- One-on-one training, information and targeted support to encourage and support the person to lead their own Person-Centered Planning process, pursue self-direction, seek individualized, integrated competitive employment and/or pursue independent living/supported living options in the community;
- Education on self-direction, including best practices recruiting, hiring and supervising staff;
- Planning support and support for exercising self-determination and using self-advocacy skills in regard to pursuing individualized, integrated competitive employment;

- Planning support and support for exercising self-determination and using self-advocacy skills in regard to pursuing independent/supported living opportunities, including selection of place to live and, if needed or desired, housemates; and,
- Assistance with identifying opportunities for increasing natural allies a person has to rely on, including opportunities for the development of valued social relationships, and expanding unpaid sources of support in addition to, or reduce reliance on, paid services.

**Service Limitations including Limitations on Amount, Duration or Frequency of the Service:**

- These services are intended to support an individual in knowledge and skill acquisition and should not be provided on an indefinite basis, nor should these services be provided for companionship purposes only.
- The focus of these services should be customized to the specific goal(s) of the person receiving these services.
- Transportation of the person receiving this service is not included in the rate or in the scope of expectations for the Peer Specialist.
- The Support Coordinator is responsible for monitoring the satisfaction of the person served and outcomes resulting from this service on a monthly basis and documenting these things in the person's record.

**Unit: 15 minutes**

**Unit Rate: \$10.00**

**Maximum 60 hours/year per waiver participant.**

**No more than five (5) hours/week.**

**Specific amount authorized based on scope of peer support needed by the participant.**

**Service Title:                      Family Empowerment and Systems Navigation Counseling**

Enrollment Group(s):            Essential Family Preservation Supports  
Seamless Transition to Adulthood Supports  
Family, Career and Community Life Supports

**Definition:**

Family Empowerment Counselor and Systems Navigator Services matches the involved family members (e.g. support/care givers; legal guardians) of an individual with intellectual disabilities with a local professional or similar reputable adult with broad knowledge of the variety of programs and local community resources that are available to an individual with intellectual disabilities and his/her family. The Family Empowerment Counselor and Systems Navigator Services are intended to be time-limited services that involve assessment of the individual's situation (including needs, goals), assessment of the family's specific goals and needs for information, assistance, and referral to address the individual and family's situation. The service further includes, researching as needed, and sharing of the identified information, connecting the family with assistance, and making referrals as appropriate. The goal of the service is to empower the family with the information, connections and referrals they need, and to work with the family to increase their skills in problem-solving and leveraging available programs and community resources. This service is also intended, through temporary peer supervision, to facilitate an opportunity for interested family members, who have received this service, to become providers of this service themselves in order to grow the network of providers of this service over time.

**Service Limitations including Limitations on Amount, Duration or Frequency of the Service:**

- These services are intended to support appropriate assessment of goals/needs following by the timely sharing of information, sources of assistance, and referrals to address the individual and family's situation; therefore, this service should not be provided on an indefinite basis, nor should these services be provided for companionship or purposes only.
- The focus of these services should be customized to the specific goal(s) of the individual and family receiving these services.
- Transportation of the person or family members of the person receiving this service is not included in the rate or in the scope of expectations for the Navigator delivering this service.
- The Support Coordinator is responsible for monitoring the satisfaction of the person and family served and outcomes resulting from this service on a monthly basis and documenting these things in the person's record.

**Unit:    15 minutes**

**Unit Rate:        \$10.00**

**Maximum of 30 hours/year. No more than 5 hours/week.**

**Specific amount authorized based on family's assessed level of need**



**Service Title: Financial Literacy and Work Incentives Benefits Counseling**

Enrollment Group(s): Essential Family Preservation Supports (Financial Literacy Counseling only)  
Seamless Transition to Adulthood Supports (Financial Literacy Counseling only)  
Family, Career and Community Life Supports  
Supports to Sustain Community Living (Financial Literacy 16+; Work Incentives Benefits Counseling 22+)  
1915i Modified Family, Career and Community Life Supports

**Definition:**

For the family providing a home and/or natural care and support of a waiver participant of any age, the Financial Literacy component of this service is designed to:

- Enable a family to improve its economic self-sufficiency;
- Assist a family with evaluating their financial health and current level of financial literacy, and making a plan with specific strategies to improve their financial health and increase their level of financial literacy;
- Teach a family financial literacy skills;
- Assist a family to access community resources available to the family that address improvement of economic self-sufficiency and the family's financial health, including ability to sustain the family home.

All of the above areas of focus for the service is for the ultimate purpose of assuring the family can continue to provide a home and/or natural support to a family member enrolled in the waiver.

For a waiver participant twenty-two (22) or older (and legal guardian and/or involved family, if applicable), this service may include Financial Literacy and Work Incentive Benefits Counseling as appropriate to the needs of the person. Financial Literacy services are specifically for waiver participants age 22 and older who are living independently or in a supported living arrangement and are intended to:

- Enable a person to improve his/her economic self-sufficiency necessary to continue to maintain independent/supported living in the community;
- Assist a person with evaluating his/her financial health and current level of financial literacy, and making a plan with specific strategies to improve his/her financial health and increase his/her level of financial literacy;
- Teach the person financial literacy skills
- Assist the person to access community resources available to the person that address improvement of economic self-sufficiency and the person's financial health, including ability to sustain the independent/supported living arrangement.

Work Incentive Benefits Counseling is designed to:

- Provider general introductory education that identifies and explains the multiple pathways to ensuring individualized integrated competitive employment results in increased economic self-sufficiency (net financial benefit) through the use of various work incentives. This general introductory education should also repudiate myths and alleviate fears and concerns related to seeking and working in individualized integrated competitive employment.
- Provide a thorough Work Incentive Benefits Analysis addressing the benefits, entitlements, subsidies and services the individual receives to assess the impact that income from employment may have on continued eligibility and benefit amounts, including health coverage. Individuals are informed of work incentives, provisions that are designed to help protect benefits while working (i.e. Impairment Related Work Expense, Earned Income Exclusion, Plan for Achieving Self Support (PASS), Continued Medicaid and Extended Medicare, as well as other benefit programs for which the individual may be eligible. The information is intended to assist the person in making informed decisions about how much they can work and earn through individualized integrated competitive employment.
- Both the general introductory education service and the Work Incentive Benefits Analysis must provide education and information on the income reporting requirements for public benefit programs, including the Social Security Administration.
- This service may also include assistance with the submission of a PASS Plan or Impairment Related Work Expenses (IRWE) to the Social Security Administration depending on the needs of the individual.

**Service Limitations including Limitations on Amount, Duration or Frequency of the Service:**

- For Financial Literacy services, there must be a documented and current concern about the ability to sustain the family home or the person's home.
- For Work Incentive Benefits Counseling, in addition to ensuring this service is not otherwise timely available to the individual under section 110 of the Rehabilitation Act of 1973, or the IDEA (20 U.S.C. 1401 et seq.), the Waiver may not fund this service if CWIC Benefits Counseling services funded through the Federal Work Incentives Planning and Assistance (WIPA) program are available to the individual.
- Introductory general education as part of Work Incentive Benefits Counseling shall be limited to individuals ages 22-60 who are not currently employed in individualized, integrated competitive employment and shall be limited to a total of four (4) hours of face-to-face service. This component of service can be reauthorized once per waiver year.
- Work Incentive Benefits Analysis, as part of Work Incentive Benefits Counseling, shall be limited to individuals ages 22-60 who are not currently employed in individualized, integrated competitive employment and shall be limited to a total of twenty-three (23) hours of service covering all necessary steps for production of a Work Incentive Benefits Analysis report. This component of service may be authorized no more than once every three (3) years and only if circumstances have significantly changed since the prior authorization, warranting a new analysis.
- Assistance with development of a PASS Plan or IRWE is limited to a total of fifteen (15) hours of service covering all necessary steps involved for submission to, and approval by, the Social Security Administration. This component of service may not be authorized

more than once every three (3) years and only if the person's circumstances warrant this and Social Security Administration approval is likely.

- PRN Problem-Solving services for someone to maintain individualized integrated competitive employment: up to four (4) hours per situation requiring PRN assistance. This service may be authorized up to three (3) times per year if necessary for the individual to maintain individualized integrated competitive employment.
- The service must be provided in a manner that supports the person's communication style and needs, including, but not limited to, age-appropriate communications, translation and/or interpretation services for persons of limited English-proficiency or who have other communication needs requiring translation including sign language interpretation, and ability to communicate with a person who uses an assistive communication device.

**Unit: 15 minutes**

**Unit Rate: \$10.00**

**Up to four (4) hours/week and total maximum of 48 hours/year per waiver participant.**

## **Service Title:                      Decision-Making Supports Planning**

Enrollment Group(s):                      Seamless Transition to Adulthood Supports  
Family, Career and Community Life Supports  
Support to Sustain Community Living  
1915i Modified Family, Career and Community Life Supports

### **Definition:**

This service builds, preserves, enhances and optimizes a waiver participant's autonomy in making life choices, recognizing that decision-making is a life-long learning process for everyone. This service increases the waiver participant's self-determination and independence, thereby enhancing safety and health, by assisting the individual to understand available decision-making supports, set goals related to decision-making and increase skills and other complementary strategies for effective, autonomous decision-making. It further assists the waiver participant to assess and identify specific needs and desires for decision-making supports, identify sufficient and appropriate sources of support for decision-making, and create an individualized decision-making supports plan and agreement.

This is a time-limited, targeted service with an outcome that is a decision-making supports plan, or a substantive update/revision to an existing decision-making supports plan, to enable a waiver participant to have the tools and supports needed to avoid guardianship or transition from an existing guardianship to a less restrictive and more empowering approach to ensuring effective decision-making. This service facilitates a person-driven process whereby a waiver participant (decision-maker) and his or her chosen, trusted supporters negotiate and formalize a decision-making supports plan and agreement that sets out: when, how and why decision-making supports will be provided; by whom; and the obligations, rights and responsibilities of those involved.

The facilitated planning process answers the following key questions:

- Which areas the waiver participant wants and needs support in (i.e., financial matters, health care, living arrangements, etc.);
- Who he or she wants to support him or her;
- What kinds of support he or she wants (gathering information, helping to weigh alternatives or possible consequences; helping to identify risks and strategies to minimize these; communicating decisions to third parties, etc.);
- How he or she wants to receive that support (face-to-face meetings with individual supporters for individual areas; a "circle of support" for important, or all decisions; use of Skype and other technology for communication, etc.).
- In what ways the waiver participant wants to increase their autonomy toward independent decision-making and the specific knowledge, skills and experiences that will contribute to this.

### **Limitations:**

- This service is only available to waiver participants ages 16 or older. When authorized for a waiver participant that is under 18 years of age, the decision-making supports plan shall be completed before the individual's 18th birthday.
- This service does not include legal services or the provision of legal advice of any kind.
- The plan may not include sources for decision-making supports that have an inherent conflict of interest (e.g. waiver service provider organization or personnel; waiver support coordinator)
- Authorization of this service is limited and occurs in two parts:
  - o Part One: No more than twelve (12) hours over no more than a three (3) month period where the waiver participant receives education and assistance to understand decision-making supports, assistance to assess and identify specific desire and needs for decision-making supports (including risk assessment), and assistance to identify sufficient and appropriate sources of support for decision-making. The waiver participant also receives assistance, as needed to reach out and engage the identified sources of support for decision-making to confirm their willingness to be involved in the waiver participant's decision-making supports plan and agreement.
  - o Part Two: No more than thirty (30) hours over no more than a six (6) month period where the waiver participant (with assistance to lead and drive the process) and his or her chosen, trusted supporters negotiate and formalize a decision-making supports plan and agreement that sets out: when, how and why decision-making supports will be provided; by whom; and the obligations, rights and responsibilities of those involved. Part Two can only be authorized if the outcome of Part One demonstrates the waiver participant's desire to have a decision-making supports plan and agreement, and the availability/willingness of trusted supporters necessary for the creation and implementation of the decision-making supports plan and agreement.

**Unit: 15 minutes**

**Rate: To be negotiated with CMS**

**Service Title:                      Minor Home Modifications**

Enrollment Group(s):              Essential Family Preservation Supports  
Seamless Transition to Adulthood Supports  
Family, Career and Community Life Supports

**Definition:**

Provision and installation of certain home mobility aids (e.g., a wheelchair ramp and modifications directly related to and specifically required for the construction or installation of the ramp, hand rails for interior or exterior stairs or steps, grab bars and other devices) and minor physical adaptations to the interior of a member's place of residence which are necessary to ensure the health, welfare and safety of the individual, or which increase the member's mobility and accessibility within the residence, such as widening of doorways or modification of bathroom facilities. All services shall be provided in accordance with applicable state or local building codes.

**Service Limitations including Limitations on Amount, Duration or Frequency of the Service:**

- Adaptations that are necessary to support the person to work at home in individualized, integrated competitive employment can be covered but only if they are not the responsibility of the person's employer, if applicable, under the Americans with Disabilities Act and/or if funding to cover these modifications is not available to the individual from another source (e.g. Alabama Division of Vocational Services; Alabama Workforce System).
- Any minor home modification must be documented, including documentation of assessed need that justifies the modification, in the person's Person-Centered Plan, to include the specific rationale for their implementation
- An evaluation by an appropriate professional (e.g., a Physical Therapist) may be necessary to assist in the determination of structural requirements.
- Covered adaptations of rented or leased homes should be those extraordinary alterations that are uniquely needed by the individual and for which the property owner would not ordinarily be responsible.
- Excluded are installation of stairway lifts or elevators and those adaptations which are considered to be general maintenance of the residence or which are considered improvements to the residence or which are of general utility and not of direct medical or remedial benefit to the individual, such as installation, repair, replacement or roof, ceiling, walls, or carpet or other flooring; installation, repair, or replacement of heating or cooling units or systems; installation or purchase of air or water purifiers or humidifiers; and installation or repair of driveways, sidewalks, fences, decks, and patios.
- Adaptations that add to the total square footage of the home are excluded.
- Minor Home Modifications do not include the installation of equipment for Remote Supports monitoring which are covered under Remote Supports.
- Minor Home Modifications are limited to \$5,000 per waiver year. A Community Services Director, with approval from DDD Central Office, may authorize services in excess of the benefit limit as a cost-effective alternative to institutional placement or

other medically necessary covered services, or transition to an enrollment group with a higher expenditure cap.

Unit:	Job	Unit Rate:	At Cost [\$10,000 total lifetime limit for a particular residence.]
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## **Service Title: Positive Behavior Supports**

Enrollment Group(s): Essential Family Preservation Supports  
Seamless Transition to Adulthood Supports  
Family, Career and Community Life Supports  
Supports to Sustain Community Living

### **Definition:**

Expertise, training and technical assistance in evidence-based positive behavior support strategies to assist natural, co-worker and/or paid staff in supporting individuals who have behavioral support needs. Positive Behavior Supports are designed to improve the ability of unpaid natural supports and paid direct support staff to carry out therapeutic interventions. As needed, providers of Positive Behavior Supports conduct assessments, develop a person's behavior support plan and train/consult with unpaid caregivers and/or paid support staff who are implementing the person's behavior support plan, which is necessary to facilitate the person's successful participation in the community, in employment and to ensure the person can remain in his/her current community living situation or transition to a less restrictive living situation. Service includes:

1. Assessment to inform the development of behavior support plans for settings where needed (home; work; community), including methods for evaluating effectiveness.  
A Functional Assessment will be facilitated by the provider and will include:
  - i. Interviews with the participant, team leaders, staff, guardian, and professionals across settings.
  - ii. A review of background information.
  - iii. Evaluation of interviews to examine function of behavior.
  - iv. The identification and assessment of previously used strategies for effectiveness.
  - v. The identification of staff/caregiver training needs.
  - vi. The collection of data on behaviors to establish a baseline.
- Based on the needs and goals of the individual, development of a home and/or community and/or worksite behavior support plan and/or intervention plan. These plans should incorporate strategies for preventing negative behaviors, identify replacement behaviors, describe how staff/natural support should intervene in a behavioral situation and identify desired fading procedures if necessary. These plans should be understandable to the staff/natural supports expected to implement them. Plans may include recommendations for assistive technology/equipment, workplace and community integration site modifications and clearly defined behavioral interventions.
- Training and technical assistance to carry out the behavior support plan and monitoring of the person and the natural support/staff in the implementation of the plans.  
The provider will identify training needs and outline a training plan for staff/unpaid caregivers.
  - i. Training will include instruction about implementation of the behavior plan in the context of providing other services included in the person's Person-Centered Plan, and guidance, as necessary, to safely maintain and support the person in the relevant community settings. Training must be aimed at assisting the unpaid caregiver/staff in meeting the needs of the person.



- Following the completion of identified training and technical assistance, the provider will provide consultation/follow up 1-2 times per month to examine plan implementation and effectiveness. As needed, revisions of the plan will be done to assure progress toward achievement of desired outcomes. Tele-consulting through the use of two-way, real time-interactive audio and video between places of greater and lesser clinical expertise to provide behavioral consultation services when distance separates the behavioral expert from the person.

This service may also include time-limited consultation with the person and his/her Person-Centered Planning team to consider available service providers and potential providers and assist the person to identify and select providers that can meet the unique needs of the member and to identify additional supports necessary to implement behavior plans and perform therapeutic interventions. As needed, this service is also used to allow the behavioral specialist to be an integral part of the person-centered planning team, as needed, to participate in team meetings.

**Service Limitations including Limitations on Amount, Duration or Frequency of the Service:**

- This service does not supplant or duplicate services available through the Medicaid State Plan, EPSDT, or through section 110 of the Rehabilitation Act of 1973, or the IDEA (20 U.S.C. 1401 et seq.).
- This service does not supplant or replace services provided under the Medicaid State Plan through a Mental Health Center for an individual with an intellectual disability who has a diagnosis of a mental illness or substance use disorder.
- The Positive Behavior Supports specialist and the paid direct support staff are able to bill for their service time for an individual concurrently.
- The implementation of Positive Behavior Supports (and any associated Behavior Support Plans) that involve restrictions must be regularly monitored on an ongoing basis by the qualified provider of Positive Behavior Supports.
- Positive Behavior Supports must be implemented to comply with the ADMH Division of Developmental Disabilities Behavioral Services Procedural Guidelines.
- PBS: Non-Crisis Intervention Services are limited to no more than 480 units (120 hours) per waiver year. PBS: Crisis Intervention and Stabilization services may not be billed during the same days that PBS: Non-Crisis Intervention Services is billed. PBS: Crisis Intervention and Stabilization services are limited to no more than 480 units (120 hours) provided over the course of no more than 60 dates of service per waiver year. The 60 days do not have to be consecutive. PBS: Non-Crisis Consultation Services may not be billed during the same days that PBS: Crisis Intervention and Stabilization services are billed.
- A Community Services Director may authorize services in excess of the benefit limit as a cost-effective alternative to institutional placement or other medically necessary covered service, or transition to an enrollment group with a higher expenditure cap.

<b>Unit (Non-Crisis Intervention Services):</b>	<b>15 minutes</b>	<b>Unit Rate:</b>	<b>\$15.00</b>
<b>Unit (Crisis Intervention Services):</b>	<b>15 minutes</b>	<b>Unit Rate</b>	<b>\$20.00</b>

**Service Title:                   Housing Counseling Services**

Enrollment Group(s):           Seamless Transition to Adulthood Supports (for ages 18-21, if needed)  
Family, Career and Community Life Supports

**Definition:**

Services which provide assistance to a person when acquiring housing in the community, where ownership or rental of housing is separate from service provision. The purpose of Housing Counseling Services is to promote consumer choice and control of housing and access to housing that is affordable, accessible to the extent needed by the individual, and promotes community inclusion. Housing Counseling Services include counseling and assistance, based on individual needs and a plan reflecting these needs, in the following areas:

- Exploring both home ownership and rental options;
- Exploring both individual and shared housing situations;
- Identifying financial resources and determining affordability;
- Identifying how earned income, or an increase in earned income, could impact choice, access and affordability of housing options
- Identifying preferences of location and type of housing;
- Identifying accessibility and modification needs;
- Locating available housing by educating and supporting the person to learn how to search for available housing and/or conducting searches on behalf of the individual;
- Identifying and assisting with access to financing if homeownership is goal;
- Identifying and assistant with access to rental subsidies if renting is goal;
- Educating the person on the rights and responsibilities of a tenant, including how to ask for reasonable accommodations and modifications, how to request repairs and maintenance, and how to file a complaint if necessary; and,
- Planning for ongoing management and maintenance if homeownership is goal.

Housing Counseling Services are time-limited services but are not one-time services and may be accessed more than once if an individual's needs dictates this.

**Service Limitations including Limitations on Amount, Duration or Frequency of the Service:**

- Not available to participants ages 14-17.
- Up to 50 hours/service depending on number and scope of outcomes the service is expected to achieve.

**Unit:   15 minutes**

**Unit Rate:     \$12.50**

**Service Title:                      Housing Start-Up Assistance**

Enrollment Group(s):                      Seamless Transition to Adulthood Supports (for ages 18-21, if needed)  
Family, Career and Community Life Supports

**Definition:**

A service intended to provide essential services and items needed to establish an integrated community living arrangement for persons relocating from an institution, a provider owned or controlled residential setting, or a home owned or controlled by another individual. Housing Start-Up Assistance is intended to enable the person to establish an independent or supported living arrangement. Allowable costs include:

- Deposit required for a leased or rented living arrangement;
- Initial fees and/or deposits to establish utility service for water, heat, electricity, phone;
- Purchase of basic and essential items needed to establish a safe and secure home;
- Moving costs

Housing Start-Up Assistance may also include person-specific services and supports that may be arranged, scheduled, contracted or purchased, which support the person's successful transition to a safe, accessible independent or supported living situation. No institutional length of stay requirement exists to access this service.

**Service Limitations including Limitations on Amount, Duration or Frequency of the Service:**

- Housing Start-Up Assistance costs in excess of \$1,000 per person, not including deposit required for executing a lease/residency agreement, require prior approval from DMH/DDD central office for expenditures or purchases. Authorization of this service more than once every three (3) years requires prior approval from DMH/DDD central office.
- Services or items covered by this service may not be purchased more than 180 days prior to the date the person relocates to the new independent/supported living arrangement.
- Housing Start-Up Assistance services exclude:
  - Purchase of food;
  - Payment of rent beyond advanced payment of one month's rent required at the time of signing a lease or residency agreement;
  - Purchase of leisure or recreational devices or services (e.g., television or video equipment, cable or satellite service);
  - Purchase of service agreements or extended warranties for appliances or home furnishings;
  - Home modifications necessary to address safety and accessibility in the member's living arrangement, which may be provided via other sources or the Minor Home Modifications waiver service; and,
  - Housekeeping services provided after occupancy which, if needed, may be provided through other sources or other waiver or Medicaid state plan services.
- When this service is provided to an individual transitioning from a residential institution to a community-based independent/supported living setting, the service is not billed until the date the individual leaves the institution and begins waiver services.

**Unit:    Actual Start-Up Cost                      Unit Rate:            At Cost**

**Unit of Service:                      15 minutes            Unit Rate:            \$8.00**

**Service Title:****Supported Living Services**

Enrollment Group(s):

Family, Career and Community Life Supports (Non-Intensive)  
Supports to Sustain Community Living (Intensive)

**Definition:**

Services that include training and assistance in maintaining a home of one's own: a residence not owned or controlled by a waiver service provider or a residence that is not the home of a family caregiver. The home may be shared with other freely chosen housemates who may or may not also receive waiver services and/or have a disability. Supported Living Services are provided with the goal of maximizing the person's independence and interdependence with housemates and natural supports, using a combination of teaching, training, technology and facilitation of natural supports. Supported Living Services are delivered according to the person's Supported Living Service Plan and may include supports for any of the following:

- Maintaining home tenancy or ownership;
- Managing money, budgeting and banking;
- Planning and preparing meals;
- Shopping for food and home supplies;
- Maintaining personal appearance and hygiene;
- Health and wellness goals and activities;
- Developing and maintaining positive relationships with neighbors; and,
- Overseeing/assisting with managing self-administered medication and/or medication administration, as permitted under Alabama's Nurse Practice Act;
- Performing other non-complex health maintenance tasks, as needed and as permitted by state law.
- Travel training and support and/or assistance with arrangement of transportation by a third party, and/or provision of transportation as needed by the individual to support the person's employment and community involvement, participation and/or contribution;
- Assistance with building interpersonal and social skills through assistance with planning, arranging and/or hosting social opportunities with family, friends, neighbors and other members of the broader community with whom the person desires to socialize;
- Ensuring home and community safety is addressed including emergency preparedness planning;
- Implementation of behavioral support plans developed by qualified behavioral specialists; and
- On-call supports for as-needed or emergency assistance.

This service when provided for someone enrolled in the "Family, Work and Community Life Supports" enrollment group is intended for persons who, with technology, natural supports and good advanced planning, need intermittent and/or on-call staff support to remain in their own home and who do not need and will not benefit from around-the-clock staffing. Supported Living Services are differentiated from Personal Assistance by virtue of the 24-hour on-call access to supports on an as-needed/emergency basis that are part of Supported Living Services. It is the responsibility of the provider to ensure that the person has an emergency preparedness plan in place at all times, this plan is shared with the Support Coordinator and others on the Person-Centered Planning team, and the person is supported to learn and practice this plan at regular intervals.

All individual goals/objectives for Supported Living Services, along with a description of needed Supported Living Services supports to achieve them, shall be established via the person-centered planning process and documented in the Supported Living Service Plan which is made part of the Person-Centered Plan and which determines the specific weekly rate paid for the service. The Supported Living Service Plan and the corresponding goals/objectives, must consider:

- The person's current level of independence
- Availability of natural supports
- Ability to utilize technology
- Ability to rely on housemates, neighbors, etc.
- Other services the person may be receiving, regardless of funding source

**Service Limitations including Limitations on Amount, Duration or Frequency of the Service:**

- A person receiving Supported Living Services shall not be eligible to receive Personal Assistance-Home, Family Caregiving Preservation Stipend, Personal Assistance-Community, Independent Living Skills Training, Breaks and Opportunities (Respite), Adult Family Home or Community-Based Residential Services as separate services.
- Transportation covered under this service may not duplicate transportation provided through the Community Transportation service. Transportation to/from medical appointments and services is covered under Non-Emergency Medical Transportation available through the Medicaid State Plan and not through this service or the waiver.
- This service when provided to someone enrolled in the "Family, Work and Community Life Supports" enrollment group requires a minimum of one (1) face-to-face service visit to the residence, lasting at least one hour, twice a week, in addition to on-call, around-the-clock availability of the provider staff, in the event unplanned or emergency supports are needed.
- When the more intensive version of this service is provided to someone enrolled in the "Supports to Sustain Community Living" enrollment group, a minimum of one (1) face-to-face service visit to the residence, lasting at least one hour, is required each day, in addition to on-call, around-the-clock availability of the provider staff, in the event unplanned or emergency supports are needed.
- A person receiving Supported Living Services may receive Remote Supports to maximize the use of technology supports. The Supported Living Service Plan must reflect the use of Remote Supports and the monthly rate paid for this service must take account of the use of Remote Supports and the role the Supported Living Service provider may play in the implementation of Remote Supports.
- Persons receiving Supported Living Services may choose to receive this service in a shared living arrangement involving a maximum of three (3) persons per residence receiving this service. Each person may require differing levels of support and/or types of waiver services in addition to Supported Living Services as detailed in their Person-Centered Plan and Supported Living Services Plan. Other individuals sharing the residence and receiving Supported Living Services may participate in different HCBS programs, so long as the provider is qualified to safely and appropriately meet the needs of each person in the residence.
- The service shall not be provided in a home where the person lives with family members (e.g., parents, grandparent, siblings, children, or spouse, whether the relationship is by blood, marriage or adoption), unless such family members are also persons receiving waiver services.

- Certain family members of the person supported (e.g., spouse, parent, child, or legal guardian, regardless of relationship) shall not be reimbursed to provide Supported Living Services. Other family members may be reimbursed to provide the service, if they otherwise meet provider qualifications and hiring requirements or are employed by an approved provider.
- The reimbursed rate for each unit of service is determined by formal assessment. The determined reimbursed rate for each unit of service will be for a period defined by the formal assessment process, with reassessment occurring no less than every six (6) months as a part of the Person-Centered Plan and the Supported Living Services Plan semi-annual review, or more frequently, in the event of changes in needs or circumstances that require changes to the Supported Living Services Plan.
- Supported Living Services shall be provided in a manner which ensures the person's rights of privacy, dignity, respect, and freedom from coercion and restraint. Any rights restrictions must be implemented in accordance with DMH/DDD policy and procedures for rights restrictions.
- Reimbursement for this service shall not include the cost of maintenance of the dwelling.
- Residential expenses (e.g., telephone, cable television, food, rent, mortgage, insurance, etc.) shall be paid by the person(s) supported and, as applicable, other residents of the home, through mutual agreement.
- The provider shall not co-sign a lease or rental agreement for the person's place of residence and will sign an agreement with the person ensuring that the person will not be required to move if the person chooses a different Supported Living Services provider at any point, and if such a decision is made, the Supported Living Services provider will work with the person and the new provider to ensure an orderly, well-planned transition with no gap in supports for the person.

#### **Family Career and Community Life Supports Enrollment Group:**

##### **Non-Intensive Supported Living Services**

**Unit of Service:** **Week**

**Unit Rate:** **Individualized Rate Based on Assessment**

**Weekly rate determined using SLS assessment tool. Rate range: \$73/week (needs no more than minimum F2F contact) to \$576/week (up to 40 hours/week of F2F support)**

Up to three (3) people may reside together. Each will have an individualized rate based on assessment which will account for time sharing staff and time receiving individualized supports

A week is 7 contiguous calendar days.

24/7 unplanned/emergency response to residence included.

Minimum face-to-face contact: twice a week.

Use of Remote Supports in combination with Supported Living Services results is factored into Supported Living Assessment, including factoring whether SLS provider is providing paid back-up support or not, and how many individuals are sharing Remote/Back-up Support.

#### **Supports to Sustain Community Living Enrollment Group**

##### **Intensive Supported Living Services**

**Unit of Service:** **Day**

**Unit Rate:      Individualized Rate Based on Assessment**

**Daily rate determined using SLS assessment tool. Rate range: \$84/day (average 5-6 hrs/day) to \$241/day (24 hours/day if exceptional medical or behavioral need).**

Up to three (3) people may reside together. Each will have an individualized rate based on assessment which will account for time sharing staff and time receiving individualized supports.

24/7 unplanned/emergency response to residence included.

Minimum face-to-face contact: once a day.

Use of Remote Supports in combination with Supported Living Services results is factored into Supported Living Assessment, including factoring whether SLS provider is providing paid back-up support or not, and how many individuals are sharing Remote/Back-up Support.

**Service Title:****Adult Family Home**

Enrollment Group(s):

Supports to Sustain Community Living

Definition:

A community-based alternative to residential habilitation service that enables up to three persons receiving this service to live in the home of trained host family caregivers (other than the person's own family) in an adult foster care arrangement. In this type of shared living arrangement, the person(s) moves into the host family's home, enabling the person(s) to become part of the family, sharing in the experiences of a family, while the trained family members provide the individualized services that:

- Support each person's independence and full integration in their community;
- Ensure each person's choice and rights; and
- Support each person in a manner that complies fully with HCBS Settings Rule standards, including standards for provider-owned or controlled homes.

Adult Family Home services are individualized based on the needs of each person, as specified in the Adult Family Home Plan and may include supports for any of the following:

- Assistance, including hands-on assistance only as needed by the individual, with activities of daily living as needed, such as bathing, dressing, personal hygiene and grooming, eating, toileting, transfer, and mobility;
- Training focused on enabling the person to acquire, retain, or improve skills needed for independently performing activities of daily living;
- Assistance, including hands-on assistance only as needed by the individual, with instrumental activities of daily living such as household chores, meal planning, shopping, preparation and storage of food, and managing personal finances;
- Training focused on enabling the person to acquire, retain, or improve skills needed for independently performing instrumental activities of daily living;
- Overseeing/assisting with managing self-administered medication and/or medication administration, as permitted under Alabama's Nurse Practice Act;
- Performing other non-complex health maintenance tasks, as needed and as permitted by state law;
- Achieving health and wellness goals as outlined in the Person-Centered Plan;
- Scheduling and attending appropriate medical services appointments with transportation reimbursement through Non-Emergency Medical Transportation under the Medicaid State Plan;
- Managing acute or chronic health conditions, including nurse oversight and monitoring, and skilled nursing services, only as needed, for routine, ongoing health care tasks, such as blood sugar monitoring and management, oral suctioning, tube feeding, bowel care, etc.;
- Travel training and support and/or assistance with arrangement of transportation by a third party, and/or provision of transportation as needed by the individual to support the person's employment and community involvement, participation and/or contribution;
- Assistance with building interpersonal and social skills through assistance with planning, arranging and/or hosting social opportunities with family, friends, neighbors and other members of the broader community with whom the person desires to socialize;
- Developing and maintaining positive relationships with neighbors;



- Assistance to participate fully in community life, including faith-based, social, and leisure activities selected by the person;
- Coordinating with other service providers for the person if the person is receiving other services, regardless of funding source, to pursue employment or educational goals and opportunities;
- Assistance with exercising civil and statutory rights (e.g. voting);
- Implementation of behavioral support plans developed by qualified behavioral specialist;
- Ensuring home and community safety is addressed including emergency preparedness planning;
- Assistance with effectively using police, fire, and emergency help available in the community to the general public;
- Supervision and companionship only if needed by the individual.

All individual goals/objectives for Adult Family Home services, along with a description of needed Adult Family Home supports to achieve them, shall be established via the Person-Centered Planning process and documented in the Adult Family Home Service Plan which is made part of the Person-Centered Plan and which determines the specific monthly rate paid for the service. The Adult Family Home Plan and the corresponding goals/objectives, must consider:

- The person's current level of independence
- Ability to utilize technology
- Ability to rely on natural supports
- Other services the person may be receiving regardless of funding source

Training and supervision of the host family caregivers by DMH/DDD Regional Office staff person qualified as QDDP/QIDP shall ensure the host family caregivers is prepared to carry out the necessary training and support functions to implement the Adult Family Home Service Plan and assist the individual to successfully achieve the goals/objectives identified in the Plan. Progress toward the goals/objectives will be documented by the provider, with corresponding adjustments to the Adult Family Home Service Plan implemented accordingly, as determined by the person and his/her Person-Centered Planning team.

**Service Limitations including Limitations on Amount, Duration or Frequency of the Service:**

- The provider's home must be integrated in the greater community and not isolate the person from the opportunity to interact with members of the broader community and participate fully in community life. The provider shall ensure they meet all of the requirements of the HCBS Settings Rule which includes but is not limited to supporting full access to the greater community, opportunities to engage in community life, control personal resources, and receive services in the community to the same degree of access as individuals not receiving Medicaid HCBS.
- A person receiving Adult Family Home services shall not be eligible to receive Personal Assistance-Home, Family Caregiving Preservation Stipend, Independent Living Skills Training, Adult Family Home or Community-Based Residential Services as separate services.
- Personal Assistance-Community and/or Community Integration Connections and Skills Training shall not duplicate any supports included as part of Adult Family Home services.

- Breaks and Opportunities (Respite), as needed, shall be available to preserve the Adult Family Home living situation for the person and shall be taken account of in the assessment that determines the reimbursement rate paid for Adult Family Home services.
- A person receiving Adult Family Home services may receive Remote Supports to maximize the use of technology supports. The Adult Family Home Plan must reflect the use of Remote Supports and the monthly rate paid for this service must take account of the use of Remote Supports and the role the Adult Family Home provider may play in the implementation of Remote Supports. Remote supports shall not be utilized for periods of time when the Adult Family Home providers are present in the home with the person receiving services unless approval from DMH/DDD central office is received in advance.
- Transportation: Medical and non-medical transportation support will be determined as part of the assessment process. Medical transportation is covered separate from the waiver under Non-Emergency Medical Transportation available through the Medicaid State Plan. Transportation covered under this service may not duplicate transportation provided through the Community Transportation service. If individual non-medical transportation needs covered under this service exceed a 20-mile radius and more than five trips per month, this would be considered excessive transportation and can be captured as such on the assessment. Service workers may transport consumers in their own vehicles as an incidental component of this service.
- Family members (e.g., parents, grandparent, siblings, children, or spouse, whether the relationship is by blood, marriage or adoption) are not eligible providers of Adult Family Home services. A person receiving Adult Family Home services may not also have a family member receiving the Family Caregiving Preservation Stipend.
- As a part of the Person-Centered Plan, the Adult Family Home services must be reviewed at least semi-annually, or more frequently, in the event of changes in needs or circumstances that require changes to the Adult Family Home Plan.
- Adult Family Home services shall be provided in a manner which ensures the person's rights of privacy, dignity, respect, and freedom from coercion and restraint. Any rights restrictions must be implemented in accordance with DMH/DDD policy and procedures for rights restrictions.
- Reimbursement for this service shall include the cost of maintenance of the dwelling proportionate to the area of the home the person is able to use, including private space and shared public spaces.
- The person's appropriate portion of residential expenses (e.g., telephone, cable television, internet, food, electricity, heating/cooling, water, etc.) shall be paid by the person supported and, as applicable, other residents of the home, through mutual agreement.
- The provider shall provide and execute with the person, a legally enforceable lease or rental agreement that meets HCBS Settings Rule standards.

**Unit: Day**

**Unit Rate: Individualized Rate Based on Assessment**

**Daily rate determined using AFH assessment tool. Rate range: \$40/day (needs no more than minimum F2F daily interaction) to \$220/day (24 hour/day if exceptional medical or behavioral needs).** Up to three (3) people may reside together. Each will have an individualized rate based on assessment which will account for time sharing staff and time receiving individualized supports.

24/7 unplanned/emergency response to residence included.

Minimum face-to-face contact: once a day.

Use of Remote Supports in combination with Adult Family Home is factored into AFH Assessment, including factoring whether AFH provider is providing paid back-up support or not, and how many individuals are sharing Remote/Back-up Support.

**Service Title:                      Community-Based Residential Services**

Enrollment Group(s):                      Supports to Sustain Community Living

**Definition:**

Community-Based Residential Services enable an individual to avoid institutionalization and live in a community setting that provides services to:

- Support the person's maximum independence, autonomy and full integration in their community;
- Ensure each person's rights and abilities to make choices; and
- Support each person in a manner that complies fully with HCBS Settings Rule standards, including standards for provider-owned or controlled homes.

Community-Based Residential Services are provided for up to four individuals in a dwelling which may be rented, leased, or owned by the provider. The person has the right to a legally enforceable lease or rental agreement with the provider that offers the same appeal rights and eviction protections as is required under state landlord-tenant law.

This service offers individualized services and supports that enable the person supported to acquire, retain, and improve skills necessary to reside in the least restrictive residential setting possible. The setting in which the service is provided must be an ADMH-certified, community-based residential setting which supports each person's independence and full integration into the community and ensures each person's basic needs (e.g., food, clothing, etc.), choice, rights, safety and security. Community-Based Residential Services provide care, supervision, and skills training in activities of daily living, home management and community integration.

The service includes the following:

- Assistance, including hands-on assistance only as needed by the individual, with activities of daily living as needed, such as bathing, dressing, personal hygiene and grooming, eating, toileting, transfer, and mobility;
- Training focused on enabling the person to acquire, retain, or improve skills needed for independently performing activities of daily living;
- Assistance, including hands-on assistance only as needed by the individual, with instrumental activities of daily living such as household chores, meal planning, shopping, preparation and storage of food, and managing personal finances;
- Training focused on enabling the person to acquire, retain, or improve skills needed for independently performing instrumental activities of daily living;
- Overseeing/assisting with managing self-administered medication and/or medication administration, as permitted under Alabama's Nurse Practice Act;

- Performing other non-complex health maintenance tasks, as needed and as permitted by state law;
- Scheduling and attending appropriate medical services appointments with transportation reimbursement through Non-Emergency Medical Transportation under the Medicaid State Plan;
- Assistance with achievement of health and wellness goals and related activities;
- Managing acute or chronic health conditions, including nurse oversight and monitoring, and skilled nursing services, only as needed, for routine, ongoing health care tasks, such as blood sugar monitoring and management, oral suctioning, tube feeding, bowel care, etc.;
- Travel training and support and/or assistance with arrangement of transportation by a third party, and/or provision of transportation as needed by the individual to support the person's employment and community involvement, participation and/or contribution;
- Assistance with building interpersonal and social skills through assistance with planning, arranging and/or hosting social opportunities with family, friends, neighbors and other members of the broader community with whom the person desires to socialize;
- Developing and maintaining positive relationships with neighbors;
- Assistance to participate fully in community life, including faith-based, social, and leisure activities selected by the person;
- Coordinating with other service providers for the person if the person is receiving other services, regardless of funding source, to pursue employment or educational goals and opportunities;
- Assistance with exercising civil and statutory rights (e.g. voting);
- Implementation of behavioral support plans developed by a qualified behavioral specialist;
- Ensuring home and community safety is addressed including emergency preparedness planning;
- Assistance with effectively using police, fire, and emergency help available in the community to the general public;
- Supervision and companionship only if needed by the individual.

All individual goals/objectives for Community-Based Residential Services, along with a description of needed services and supports to achieve them, shall be established via the Person-Centered Planning process and documented in the Community-Based Residential Services Plan which is made part of the Person-Centered Plan and which determines the specific daily rate paid for the service. The Community-Based Residential Services Plan and the corresponding goals/objectives, must consider:

- The person's current level of independence
- Ability to utilize technology
- Ability to rely on natural supports
- Other services the person may be receiving regardless of funding source

Training, mentoring and supervision of the provider's direct support staff shall ensure the staff is prepared to carry out the necessary support and training functions to achieve the goals in the Community-Based Residential Services Plan, which supports the individual to have the lifestyle, routine and opportunities they desire. Progress toward these goals will be documented by the provider, with corresponding adjustments to the Plan implemented accordingly, as determined by the person and his/her Person-Centered Planning team.

### **Service Limitations including Limitations on Amount, Duration or Frequency of the Service:**

- The provider's home must be integrated in the greater community and not isolate the person from the opportunity to interact with members of the broader community and participate fully in community life. The provider shall ensure they meet all of the requirements of the HCBS Settings Rule which includes but is not limited to supporting full access to the greater community, opportunities to engage in community life, control personal resources, and receive services in the community to the same degree of access as individuals not receiving Medicaid HCBS.
- A person receiving Community-Based Residential services shall not be eligible to receive Personal Assistance-Home, Family Caregiving Preservation Stipend, Independent Living Skills Training, Personal Assistance-Community, Adult Family Home or Breaks and Opportunities (Respite) as separate services.
- Community Integration Connections and Skills Training shall not duplicate any supports included as part of Community-Based Residential services.
- Transportation: Medical and non-medical transportation support will be determined as part of the assessment process. Medical transportation is covered separate from the waiver under Non-Emergency Medical Transportation available through the Medicaid State Plan. Transportation covered under this service may not duplicate transportation provided through the Community Transportation service. If individual non-medical transportation needs exceed a 20-mile radius and more than five trips per month, this would be considered excessive transportation and can be captured as such on the assessment. Service workers may transport consumers in their own vehicles as an incidental component of this service.
- Family members (i.e., parents, grandparent, siblings, children, or spouse, whether the relationship is by blood, marriage or adoption) are not eligible providers of Community-Based Residential services.
- As a part of the Person-Centered Plan, the Community-Based Residential services must be reviewed at least semi-annually, or more frequently, in the event of changes in needs or circumstances that require changes to the Community-Based Residential Services Plan.
- Community-Based Residential services shall be provided in a manner which ensures the person's rights of privacy, dignity, respect, and freedom from coercion and restraint. Any rights restrictions must be implemented in accordance with DMH/DDD policy and procedures for rights restrictions.
- Reimbursement for this service shall include the cost of maintenance of the dwelling proportionate to the area of the home the person is able to use, including private space and shared public spaces.
- The person's appropriate portion of room and board expenses shall be paid by the person supported and, as applicable, other residents of the home, through mutual agreement.
- The provider shall provide and execute with the person, a legally enforceable lease or rental agreement that meets HCBS Settings Rule standards.

**Unit: Day**

**Unit Rate: Individualized Rate Based on Assessment**

**Daily rate determined using CBRS assessment tool. Rate range: \$50/day (needs no more than minimum F2F contact) to \$262/day (24-hour support if exceptional medical or behavioral needs). Up to four (4) people may reside together. Each will have an individualized rate based on assessment which will account for time sharing staff and time receiving individualized supports.**

24/7 unplanned/emergency response to residence included.

Minimum face-to-face contact: once a day.

Use of Remote Supports in combination with CBRS is factored into CBRS Assessment, including factoring whether CBRS provider is providing paid back-up support or not, and how many individuals are sharing Remote/Back-up Support.